



Volunteer Application

Thank you for volunteering at Community Garden Kitchen. Please complete the form below. Once your completed form is received, we will contact you to address any questions you may have and schedule a convenient time for your volunteer orientation.

Last Name _____ First Name _____ Date _____

*Name of Parent or Guardian, if under 18 years:

* If volunteer is under 18 years the parent or guardian must also complete a volunteer application and agreement form.

Address: _____ Phone: _____

_____ Date of Birth _____

Email: _____ DL# : _____

Company or Volunteer Group Name: _____

Emergency Contact: _____

Name Relationship Phone#s: Indicate home for or cell

How often are you available to volunteer? _____ Day time _____ Evening _____ Weekends

_____ Weekly _____ Monthly _____ Special Events _____ As Needed

In what areas of involvement are you interested in participating?

_____ Prayer Team _____ Outreach _____ Advertising/PR _____ Social Media

_____ Admin/Office Help _____ Web Page _____ Galas/Special Events _____ Research

_____ Volunteer supervision _____ Feeding Programs _____ Fundraising _____ Grant Writing

_____ Other

(please specify)

How did you hear about our ministry? _____

Why are you seeking a volunteer position?

_____ Personal Fulfillment _____ Community Service Requirements _____ Class/Degree Requirement

Volunteer Agreement Form

We want our volunteers to work in a safe environment so CGK requires criminal background checks on every volunteer.

We reserve the right to decline any potential volunteer based on the results of the background check.

Screening must be completed before volunteers begin working.

_____ I agree to have a background check.

Have you been convicted of a crime? _____No_____Yes If yes, please briefly describe.

PHOTO RELEASE: I grant to CGK, the right to take photographs of me and/or my family in connections with CGK events. I authorize CGK, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that CGK may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustrations, advertising, and Web content.

I have read and understand the above. By typing my name in the Photo Release and Liability Waiver signature fields, I agree that it has the same force and effect as my signature.

Volunteer Attestation _____ Date _____

LIABILITY WAIVER: I hereby Release and Waive liability against CGK, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for CGK. I agree that this release is as broad and inclusive as permitted by the laws of the State of Texas

Volunteer Attestation: _____ Date _____

Important: Once you complete this application, save in "Save As" mode on your computer with your name in the document title. Email completed application to directors@communitygardenkitchen.org

Community Garden Kitchen of Collin County
P.O. Box 1881
McKinney, Texas 75070
www.communitygardenkitchen.org
email questions to: directors@communitygardenkitchen.org