



**Community
Dining Room**
More than just a meal

Volunteer Application

Date: _____

Contact Information / Must be completed in FULL

Name	
Address	
City, State, Zip Code	
Date of Birth	
Home Cell Phone	
E-Mail Address	
Emergency Contact (Name / #)	

Availability

Kitchen Team (Sunday -Saturday/9:30am – 1:30pm)

- Cook
- Prep
- Dishwasher

Kitchen Team (Monday-Friday/ 8:30am-1:30pm)

- Cook
- Prep
- Dishwasher

Tuesday Night Family Dinner (3:30pm – 7:00pm)

- Cook
- Prep
- Dishwasher

Wednesday Night Family Dinners in East Haven (3:30pm – 7:00pm)

- Server
- Prep
- Dishwasher

Home Delivery Drivers (Branford/North Branford 11:00am – 12:30pm)

- Monday, Wednesday, or Fridays
- Must use own vehicle and have clean driver's license/insurance

Food Donation Pick-Up Drivers

- Monday, Wednesday, or Friday – **9:00am-11:00am**
- Must use own vehicle and have clean driver's license/insurance

Please list any physical limitations that you may have due to the nature of the work that we perform. This in no way impacts your acceptance to volunteer at the CDR.

Where did you hear about the CDR? _____

Special Skills or Interests

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Have you ever been convicted of a crime? Yes No If yes, please explain.

Waiver of Liability / Your Signature

I hereby certify that:

1. I am at least 18 years of age, or if not, a parent or guardian has given approval (below).
2. I recognize any dangers/risks inherent in volunteering at the Community Dining Room.
3. I am submitting this release as a valid waiver of liability declaration voluntarily and of my own free will.
4. I have made CDR staff aware of any impairments that would hinder my ability to volunteer including any current illness or potential ability to spread infectious disease and hereby assure that, to the best of my knowledge, I am not exhibiting symptoms of any infectious or communicable disease and that I am in good physical health.
5. I hold harmless and agree to indemnify all claims, liability, and damages I may sustain from any bodily injury or exposure to communicable disease, personal injury or property damage which may occur from any cause, including negligence, before, during or after any CDR event in which I participate as a volunteer.
6. I grant CDR and its agents, the right to use my name, likeness, photos, or reproduction for the purpose of promoting the cumulative work carried out by the agency in support of the clients.
7. I agree not to use any multimedia recording devices to capture audio or visual information on CDR's participants or to share any multimedia outside the agency that might serve to defame CDR, its participants, its volunteers or its staff.
8. I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it. Not only does CDR not discriminate on the basis of gender, race, ethnicity, sexual orientation, religion or lifestyle choice, but we actively value and promote the role of diversity and encourage volunteer participation from people of all backgrounds. This value imbues the work we do at all levels.

Signature _____ Date _____

*If you are under 18 years of age a Consent Form with a Parent/Guardian Signature is also required.

Parent/Guardian Signature _____ Date _____

