

# Helping Other People Eat (HOPE) Volunteer Register

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Please circle

Preferred method of communication?                      **Telephone**      **Email**

What days are you available to volunteer?                      **Wednesday**      **Thursday**

How often (weekly, monthly, etc.)? \_\_\_\_\_

How would you like to help? \_\_\_\_\_  
(serving, cooking, shopping, financially, other ~be specific, etc.)

Do you have any serious medical conditions/medications that we should know about in case of an emergency?                      **Yes**      **No**

If yes, what should we tell a paramedic (in case of an emergency)? \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Relationship/Telephone No.** \_\_\_\_\_

Please call Moira LaMountain at (310) 801-3411, if you have any specific questions, ideas or concerns. Her email is: MoiraLaMountain@gmail.com.

**Print this form out, complete it and bring it to Michael Hobbs on your first day.**

Welcome to the HOPE team, we value your volunteerism!