



# Volunteer Application Form

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

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

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

Telephone#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Education (check highest level completed):

- Junior High  High School  Some College  College Degree  Graduate Degree  Doctorate

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

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

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

## Employment History

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

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

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

## Medical History

Do you have any of the following medical conditions (check all that apply):

- Hepatitis A  Salmonella Typhi  Shigella  Tuberculoses  Eschericia coli 0157:H7  Norovirus  
 Diabetes  AIDS/HIV  Hemophilia  Jaundice  Diarrhea  Vomiting  Sore Throat w/Fever  
 Heart Attack (when: \_\_\_\_\_)  Stroke (when: \_\_\_\_\_)  Fainting Spells (when: \_\_\_\_\_)

## Volunteer Availability (check all that apply):

- Noon to 2 p.m.  2 to 5 p.m.  5 to 8 p.m.  
 Monday  Tuesday  Wednesday  Thursday  Friday

**Turn Over →**

# Broncos Kitchen Volunteer Application

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### Volunteer Positions (check all areas of interest):

Cook  Server  Cleaning  Delivery Driver  Maintenance  Board Member  Committee Member

Do you have a current Food Handlers License from the Kalamazoo County Health Department?

Yes  No

If "yes" please provide date of completion: \_\_\_\_\_.

### Criminal History

Have you ever been arrested?  Yes  No If "yes" what type?  Felony  Misdemeanor

Were you ever convicted?  Yes  No If "yes" please

explain: \_\_\_\_\_

### Automobile (For Delivery Drivers Only)

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Vehicle Type (check one):  Car (2 door)  Car (4 door)  Truck  Van (mini)  Van (standard)

### References

List Two References (No Relatives):

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

### Certification

By signing this document, I authorize Broncos Kitchen to verify the information provided and certify that all facts given are provided truthfully and to the best of my knowledge.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Return to: **Broncos Kitchen**  
**P.O. Box 2632**  
**Kalamazoo, MI 49003**