



Volunteer Personal Information Sheet

For Office Use Only
Background check complete?

YES

NO

Orientation Date: _____

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Phone Number

Email

Preferred Method of Contact: ____ Phone ____ Email

Preferred Time to contact you: _____

Date of Birth: _____ **Social Security #:** _____

Previous States of Residence (last 10 years): _____

Contact in Case of Emergency

Relationship

Phone Number

Is there anything about yourself (physical limitations, medical history, allergies, etc.) which might affect your ability to participate or that the Food Literacy Project should be aware of?

Areas of Interest (check all that apply):

- Facilitate farm experiences for youth
- Fundraising
- Administrative
- Gardening
- Creative Media
- Special Projects (ie, sign painting, light construction, etc.)

Availability (include the days, times, and months that you could volunteer): _____

Your Occupation: _____

Volunteer/Service Experience _____

Do you have experience working with youth? Yes ___ No ___

If yes, in what capacity? _____

Any relevant Professional Certifications: _____

Other experience or background that might be useful: _____

References: (at least one must be professional)

Type (employer, volunteer agency, personal, etc.)	Name	Address and Phone	Email Address

Please be prepared to answer the following questions in an in-person or phone interview:

1. Why do you want to volunteer with the Food Literacy Project?
2. What have been your most rewarding volunteer or work experiences? Why?
3. What have been your most challenging volunteer or work experiences? Why?
4. (If you would like to help teach programs) Do you have experience working with children and youth? Diverse audiences? Special needs populations?
5. What expectations do you have of Food Literacy Project regarding support and supervision?

Process: Each aspiring volunteer will be required to complete this application, participate in an interview, and consent to a background/records check (if working directly with youth).

Signature and Date

I attest that all information contained in this application is true, to the best of my knowledge. With the goal of creating a safe and positive environment for Food Literacy Project participants, I authorize the Food Literacy Project to run a routine background/records check on me, or to obtain my background check results from _____ (fill in agency). I understand that the Food Literacy Project may rely on information from the Justice Cabinet/Administrative Office of the Courts of Kentucky or another state, or a national background check when making a decision that affects me. I also understand that any information gained by the Food Literacy Project in this investigation will remain confidential.

Signature

Date

**Please return this form via mail or email to:
Mary Newton • mary@foodliteracyproject.org • 9001 Limehouse Lane Louisville, KY 40222**