



# Greensburg Community Bread of Life, Inc.

P.O. Box 42 Greensburg, Indiana 47240 812 663 1055/812 662 4887  
greensburgbreadoflife@etczone.com  
[www.greensburgbreadoflife.com](http://www.greensburgbreadoflife.com)

Faithfully working together to provide a free meal to those in need with God's loving

## care Volunteer Sign-up Sheet

Date: \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birthday: \_\_\_\_\_

(Your birthdate will be given to WTRE to help them raise funds for local charities. Let us know if you would rather us not)

May we call last minute? \_\_\_\_\_

Days available: \_\_\_ Mon. \_\_\_ Wed \_\_\_ Thurs. Times Available: \_\_\_ 8-12am \_\_\_ 12-3 \_\_\_ 3-5pm

Which position(s) are you interested in? (Please circle)

Serving line Kitchen Assistant Food Rescue Driver Cleaning Delivery Driver Substitute

Please provide 2 References:

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

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

### Health Information

Diabetes Y/N Heart Disease Y/N Food Allergies Y/N (explain) Anemia Y/N

Irregular Heartbeat Y/N Hepatitis Y/N

Seizures Y/N Fainting spells Y/N Allergies (latex, cleaners, etc.) Y/N

Are you on any medications that we should be aware of, if so what ones?

Are you CPR Certified? \_\_\_\_\_

Whom should we call in case of emergency?

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

I authorize Bread of Life to use my photo(s) and/or information related to my experiences while volunteering at Bread of Life. Yes No

### Consent to Seek Treatment

I, \_\_\_\_\_, give consent to Greensburg Community Bread of Life staff and volunteers to seek appropriate medical treatment in case of a medical emergency.

Signed: \_\_\_\_\_

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

\*If volunteer is a minor (Under age 18), Parent or Guardian consent is

required. Volunteer's Name: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Contact Number: \_\_\_\_\_



No tank tops/spaghetti straps/camis please. If wearing shorts, they must be to the knee. Closed toed shoes are required while volunteering at the Bread of Life. You will also be asked to wear a hair net or you may bring a hat to wear instead.

Please park your car in the far-right parking lot. If lot is full you can park in front of our new building at 720 E. Randall St.

If you are unable to volunteer the day you are scheduled, please call/text us. 812.662.4887

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\*\*Please note, Greensburg Community Bread of Life is an equal opportunity volunteer agency and that you may, at one time or another, be working side-by-side with a volunteer who has a criminal background. If this is a concern, please let our staff know.