

ADAPTIVE  COOKING
Volunteer Application Form

Name: _____ Address: _____

Email: _____ Phone #: _____

Please answer as many of the questions as you can below.

1. Have you volunteered before? Yes No

If yes, tell us about it.

2. What skills or interests could you bring to the group?

3. Do you do any cooking yourself? Yes No

4. Please list any food allergies, intolerances or restrictions you have.

6. Is there anything else we should know to help you participate fully in the program?

7. Give the name and contact information of a person who could recommend you.

Attach a resume if you have one