

**VOICE Program**  
**Volunteer Opportunities Incorporating Community Engagement**

**Volunteer Application**

Food For The Poor (FFTP) encourages the participation of volunteers who support FFTP's ministry. Upon receipt of your application, we will contact you and arrange for an interview with our volunteer coordinator. All information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in FFTP.

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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

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

**Employer (if applicable):** \_\_\_\_\_

**Are you over the age of 16?** \_\_\_\_\_

**Do you have a valid driver's license?** \_\_\_\_\_ **Do you have transportation?** \_\_\_\_\_

**What languages do you speak fluently?** \_\_\_\_\_

**Are you part of a church, organization or university that would like to volunteer as a group?** \_\_\_\_\_

**Group contact information:** \_\_\_\_\_

Below are some of the volunteer positions we offer with FFTP.  
Please indicate the opportunities that would be of interest to you.

- \_\_\_\_\_ **Office help** (routine office tasks)
- \_\_\_\_\_ **Events** (fundraising events, donor get-togethers, galas)
- \_\_\_\_\_ **Communication** (telephone calls, writing thank you notes)
- \_\_\_\_\_ **Distribution of disaster relief items near your residence**
- \_\_\_\_\_ **Sorting and packing of donated food** (warehouse)
- \_\_\_\_\_ **Something different** (please explain) \_\_\_\_\_

**\*\*Medical Corps Volunteers**

(In-country volunteers in the Caribbean and Latin America for medical services and surgeries)

**What is your medical specialty?** \_\_\_\_\_

**Licensure:** \_\_\_\_\_

**Certifications:** \_\_\_\_\_

**Do you have a current passport?** \_\_\_\_\_

**Are you available for a 30-day commitment?** \_\_\_\_\_

**What days are you available?**

**Mon:** \_\_\_\_ **Tues:** \_\_\_\_ **Wed:** \_\_\_\_ **Thurs:** \_\_\_\_ **Fri:** \_\_\_\_ **Sat:** \_\_\_\_ **Sun:** \_\_\_\_

**How many hours are you available per week?** \_\_\_\_

**Do you prefer mornings?** \_\_\_\_ **afternoons?** \_\_\_\_

**Please describe any physical limitations:** \_\_\_\_\_

\*\* Medical Corps Program is on hold due to COVID-19 restrictions.

**Emergency Contact**

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

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Liability Release**

As a volunteer of Food For The Poor, I agree to abide by all policies and procedures. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward in exchange for my service.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_