



# Volunteer Registration Form

Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_  
 Street Address (if no email) \_\_\_\_\_  
 Parish \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_

### Availability (Check all that apply)

_____ Monday	_____ am	_____ pm	
_____ Tuesday	_____ am	_____ pm	
_____ Wednesday	_____ am	_____ pm	
_____ Thursday	_____ am	_____ pm	_____ after 5:00
_____ Friday	_____ am	_____ pm	

Center hours: M-Th 9:00am-3:00pm; F 9:00am-1pm; 5:15-6:30pm on Thursday

***\*Note: from March – October, volunteers are welcome to help with the MCO community garden at Prairiewoods on evenings & weekends in addition to our normal office hours.***

### Interests

- \_\_\_\_\_ Food distribution  
(Wednesday 1:00-3:00 PM, Thursday 10:00 AM -12:00, or Thursday 5:15-6:15 PM)
- \_\_\_\_\_ Sorting food and packing food boxes at the center
- \_\_\_\_\_ Transporting food from commercial donors/other sources to MCO
- \_\_\_\_\_ Office work  
(data entry, record keeping, answering phones, making appointments and referrals,)
- \_\_\_\_\_ Interviewing clients requesting financial assistance
- \_\_\_\_\_ Working in the MCO garden at Prairiewoods (March – October)

**Please return this form to MCO via email, regular mail, or in person.**

**Confidentiality Policy**

I understand that as a volunteer at **Metro Catholic Outreach**, ALL client and staff information is confidential. I agree not to access, review, disclose or use confidential client or staff information without specific authorization from the Executive Director or subpoena. I also understand that even when I am no longer a volunteer with **Metro Catholic Outreach**, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_