



## Rochelle Kitchen Table Volunteer Application

Rochelle Kitchen Table ♦ 7034 S. Klondike Rd. ♦ Rochelle, IL 61068

Date of Application \_\_\_\_\_ Have you previously applied to volunteer with us?  Yes  No

Name (Mr./Mrs./Miss/Ms.) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ Employed  Yes  No

### Areas of Interest for Volunteering (please check all that apply)

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday/Sunday
- Meals on Wheels** — delivering food to homebound and elderly customers / Tues – Thurs (Evenings)
- Community Market & Garden Salsa Sales** – (Usually Weekends)
- Community Café** — preparing & serving meals, clean -up, hosting customers  
 (Tuesday 4:00-7:00 p.m.)  (Thursday 4:00-7:00 p.m.)  (Day \_\_\_\_\_)  (Time \_\_\_\_\_)
- Family/Social/Homeless Services**—greeting the community and explaining the community café concept
- Café Infotainment** – focused topics, finances, employment, computers, health & wellness, entertainment, etc.
- Administrative Help** — typing, mailing, answering phones, etc.
- Saturday/Sunday Special Events** — preparing meals / serving meals / clean-up / hosting guest renters  
 10:00 a.m. to 2:00 p.m.  3:00 p.m. to 8:00 p.m.

Please note: The community café is only operating on Tuesday and Thursday evenings at this time.

**Please complete this section if your volunteer job will involve Meals on Wheels:**

Do you have a car?  Yes  No Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Automobile Ins. Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Do you have special skills \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Languages you are fluent in? \_\_\_\_\_

Are you part of a group?  Yes  No If yes, make sure your group completes page 3.

Church / School / Organization Group Name \_\_\_\_\_

Are you an Illinois certified Food Services Handler or Manager?  Yes  No

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**IMPORTANT** Please complete the reverse side of this application

## Important background information

Have you ever been convicted of a crime?  Yes  No

If yes, please state the date of and the jurisdiction of the conviction \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

Has your driver's license ever been revoked or suspended?  Yes  No

If yes, please specify the date of and jurisdiction of the revocation or suspension \_\_\_\_\_

What was the reason for the revocation or suspension? \_\_\_\_\_

Any additional comments or information on the above? \_\_\_\_\_

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### Confidentiality Statement

As a volunteer with the Rochelle Kitchen Table, I will have contact with guests of the community café as well as their family and friends. I may also have access to personal information (verbal or written) that pertains to the guests. I agree to keep all personal information confidential, both during and after my volunteer service. I may not divulge information about these guests to anyone other than Rochelle Kitchen Table staff members, or as otherwise provided by law.

My signature below acknowledges my understanding of the importance of this matter and my intent to respect the privacy of customers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Authorization to Perform Background Check

I, \_\_\_\_\_, hereby authorize the Rochelle Kitchen Table, to perform a check of my background, including Criminal and Driving Arrest Records as appropriate, for the volunteer assignments for which I am applying. I understand that I do not have to agree to a background check, but the refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that the information collected in the course of this background check will be limited to that which is appropriate in determining my suitability for particular volunteer assignments and that all such information will be kept confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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### Waiver and Release of Liability

In consideration of being allowed to volunteer my services at the Rochelle Kitchen Table, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Rochelle Kitchen Table, its board, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please mail application to

The Rochelle Kitchen Table  
7034 S. Klondike Rd.  
Rochelle, IL 61068

E-mail: KitchenTableRochelle @Gmail.com

Phone: (815) 561-9074

**IMPORTANT Please complete the third page of this application if volunteering as a group.**

# Rochelle Kitchen Table Group Volunteer Application

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Date of Application \_\_\_\_\_ Have you previously applied to volunteer with us?  Yes  No

Contact Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

## **IMPORTANT Volunteers must be at least 13 years old to volunteer at the Rochelle Kitchen Table.**

**Group Volunteering** (A minimum of five volunteers are needed per meal. Each volunteer must complete pages 1 and 2.)

Individual Volunteer Names	Date of Birth	Race	Gender
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Group Financial Meal Purchase Contribution** (Optional)

Contribution of \$ \_\_\_\_\_ (Checks may be made out to the Rochelle Kitchen Table.)

\$25 = 5 meals

\$50 = 10 meals

\$100 = 20 meals

\$500 = 100 meals

Please select which month(s) and day(s) your group would prefer:

Month:

Day:

January \_\_\_\_\_ February \_\_\_\_\_

Tuesday \_\_\_\_\_ or Thursday \_\_\_\_\_

March \_\_\_\_\_ April \_\_\_\_\_

May \_\_\_\_\_ June \_\_\_\_\_

July \_\_\_\_\_ August \_\_\_\_\_

September \_\_\_\_\_ October \_\_\_\_\_

November \_\_\_\_\_ December \_\_\_\_\_

Questions? Contact: Carolyne Brown, Rochelle Kitchen Table Executive Director

Phone: (815) 561-9074

**IMPORTANT Please return this form as per the address noted above.**