



# Volunteer Registration Form

The Friday Night Supper Program  
c/o The Arlington Street Church  
351 Boylston Street | Boston, MA 02116  
Phone: (617) 536-7050 x22

Email: [fridaynightsupervolunteers@yahoo.com](mailto:fridaynightsupervolunteers@yahoo.com) | Website: [www.fridaynightsupper.org](http://www.fridaynightsupper.org)

PLEASE PRINT LEGIBLY.

Please return this form to your orientation leader. Your personal information is not shared.

Volunteers must be at least 18 years of age, or 16 years of age with a waiver from a parent or guardian.

Volunteers aged 12 – 15 may attend the Friday Night Supper Program only if their parent or guardian is an oriented volunteer who is participating in the program with them.

Date \_\_\_\_\_

## Demographics

Mr.                      Mrs.                      Ms.                      Dr.                      Other \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_/\_\_/\_\_\_\_ (Required due to volunteering age restrictions)

Gender: Male      Female

How did you hear about the Friday Night Supper Program?

\_\_\_\_\_

## Contact Information

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Email Address: Personal      Business/School \_\_\_\_\_  
(Volunteers will be signed up to receive our quarterly e-mail newsletter)

## Emergency Contact

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

Relationship: \_\_\_\_\_

## When are you available to volunteer?

Friday mornings/early afternoons

Friday evenings (5 – 7:30 pm)

Special events/Weekends

I am available to work on short notice for important volunteer needs



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## Skills (Please select all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Budgeting               | <input type="checkbox"/> Marketing                 |
| <input type="checkbox"/> Community Organizing    | <input type="checkbox"/> Networking                |
| <input type="checkbox"/> Conflict Resolution     | <input type="checkbox"/> Nonprofit Management      |
| <input type="checkbox"/> Contract Management     | <input type="checkbox"/> Nutrition                 |
| <input type="checkbox"/> Database Management     | <input type="checkbox"/> Program Development       |
| <input type="checkbox"/> Event Planning          | <input type="checkbox"/> Public Relations          |
| <input type="checkbox"/> Food Service/Cooking    | <input type="checkbox"/> Recruitment               |
| <input type="checkbox"/> Fundraising             | <input type="checkbox"/> Recycling Management      |
| <input type="checkbox"/> Grant Writing           | <input type="checkbox"/> Research                  |
| <input type="checkbox"/> Human Resources         | <input type="checkbox"/> Statistics/Surveys        |
| <input type="checkbox"/> Info Technology         | <input type="checkbox"/> Volunteer Management      |
| <input type="checkbox"/> Investments (Nonprofit) | <input type="checkbox"/> Website Design/Management |
| <input type="checkbox"/> Legal                   | <input type="checkbox"/> Writing/Editing           |

## FNS Committee Interests (Please select all that apply):

- Communications (includes website, marketing, design, news letter)
- Human Resources (Includes volunteer mgmt, benefits, staffing, legal)
- Development (includes fundraising, appeals, database, grant writing)
- Operations (includes food service, cooking, nutrition, food procurement)
- Finance (includes investments, budgeting, forecasting)

## Corporate Volunteering Interests

Yes, I would be interested in having my company participate in the FNS corporate volunteer program and FNS may contact me to help determine who to contact at my company to set up a corporate project.

## Volunteer Informed Consent

*(Please note that you must sign this consent form in order to volunteer with the Friday Night Supper Program)*

I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own and sole risk, and that I agree to release and hold the FNS Parties harmless from any cause of action, claim or suit arising there from. I grant permission to the FNS Parties to use any photograph, videotape, and/or sound recording made of me or in which I may be included in whole or part.

I hereby confirm that I have never been convicted or charged with any crime involving or relating to child abuse or neglect, child pornography, child abduction, or any other violent offense, including kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection with such crime or crimes.

I understand that the FNS Program reserves the right to ask a volunteer to leave the program at any time at their discretion.

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Print Name of volunteer Signature (If volunteer is over 18 years of age)

Date

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Print Name of parent or legal guardian Signature of parent or legal guardian

Date