



THE LORD'S DINER

CATHOLIC DIOCESE OF WICHITA

VOLUNTEER AGREEMENT SIGNATURE PAGE

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ () _____

Date of Birth _____ Male _____ Female _____

Email _____

Please list the group (Organization, Church or as an Individual) you volunteer with:

Please circle/check your availability:

_____ Prep 10-1 pm Monday thru Sunday (Broadway location)

_____ Serving 5-7:45 pm Monday thru Sunday (Broadway or Hillside location)

_____ Trucks 3:45 -6:05 pm Monday thru Friday (Evergreen, Hilltop or Atwater)

_____ Check if you have completed VIRTUS training (Staff will verify date)

I have read, understand, acknowledge, and align myself with the Physical Demands, and Code of Conduct listed on the Volunteer Agreement form.

Volunteer Signature _____ Date _____

STAFF USE ONLY:

_____ Background checks (Kasper, NSOPW, KBI) performed on Date: _____

_____ Food Handler training completed on Date: _____

_____ VIRTUS training completed on Date: _____