**Group Information-Kitchen Volunteers**

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| **GROUP INFORMATION** | | | | |
| **Group Name:** | | | | |
| **Mailing Address:** | | | | |
| **Date of Service:** | | | | |
| **GROUP LEADER INFORMATION** | | | | |
| **Leader’s Name:** | | | | |
| **Phone #:** | | | | |
| **Email Address:** | | | | |
| **VOLUNTEER INFORMATION** | | | | |
| **Volunteer Name** | **Birthdate** | **Emergency Contact** | **Emergency Contact Phone #** | **Emergency Contact Relationship** |
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*My signature below confirms the following:*

* *The volunteers listed above have been screened via the Mecklenburg County Sherriff’s Arrest Records and North Carolina Sex Offender’s Registry and approved for volunteering in a domestic violence shelter based on Safe Alliance’s Guidelines for Volunteer Admission. All volunteers were made aware of this requirement.*
  + [*http://sexoffender.ncsbi.gov/search.aspx*](http://sexoffender.ncsbi.gov/search.aspx)
  + [*http://arrestinquiryweb.co.mecklenburg.nc.us/ArrestInquiry.aspx*](http://arrestinquiryweb.co.mecklenburg.nc.us/ArrestInquiry.aspx)
* *Volunteers have received the Kitchen Volunteers Guidelines and Expectations and Relationship Agreement.*

Signed by Group Leader Date