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| Volunteer Food/Lodging Form |
| We will do our best to accommodate all requests. If you are arriving in a group, please have each member of your party complete this form.  |
| Name (Last, First, M.I.): |  | 🞎 M 🞎 F | DOB: |  |
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| Lodging Accomodations |
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| What type of lodging would you prefer? | 🞎 Volunteer Housing 🞎 Homestay 🞎 I do not need housing provided for me. |
| How many people are in your party/group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If there are 3 or more people in your group, please describe your ideal housing accommodation for your group?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Please note, we will do our best to accommodate all requests. We must stress that all requests are just that- requests. Previous volunteer reservations may prevent us from being able to honor all preferences. We thank you in advance for your flexibility!  |
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| Do you take any medication that requires refrigeration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any allergies that may affect your living conditions? (Hay-fever, mold, pollen etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any physical disabilities that inhibit mobility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| DIETARY ACCOMODATIONS |
| Do you have any dietary restrictions? (gluten-free, vegetarian, vegan etc.) |  |
| Do you have any food allergies? (Lactose-intolerant, gluten-intolerant, peanuts etc.) |  |
| Volunteer costs cover a baseline of 3 meals per day. A package is supplemented food for a one month stay. Would you like to purchase an extra supplementary meal package?  | 🞎 The Dairy Package (X Tsh)How many packages? \_\_\_ | 🞎 The Meat Package(X Tsh)How many packages? \_\_\_ | 🞎 The Fruit Package(X Tsh)How many packages?\_\_\_\_ |
| Would you like to purchase an alcohol package? These packages will be delivered to your volunteer housing upon arrival.  | 🞎 A crate of beer ( X Tsh) | 🞎 Wine (\_\_\_\_ Bottles, X Tsh/bottle) |
| Supplementary Package Total | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tsh |
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| Donations |
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|  | We ask all volunteers to bring any donations they can when they arrive. To help with this process, we have asked our departments to compile a list of always needed items which is listed under the “Donations” section of the Volunteer Handbook. Please select a department to donate to, and provide a brief description of what you plan to bring! Thanks! |  |
| Please select a department for donations! | 🞎 Education 🞎 Healthcare 🞎 Administration Office 🞎 Childcare 🞎 Sewing School 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |