

Please email this form to director@rachelstable.org



Volunteer Driver

Name: _____

Address: _____

Phone: _____

Secondary Phone: _____

Type of Vehicle: _____

Email Address: _____

All volunteer materials will be sent via email. Will you also require a mailed copy?

Yes

No

Driver shifts are Monday-Thursday 9am-2pm and Sunday and Friday 9-Noon.

Pick up times are flexible.

Please circle the days you'd like to drive:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

How often would you like to drive:

Weekly

Monthly

Every other week

Seasonal

How did you hear about Rachel's Table: _____

Do you know others that might be interested in volunteering _____

Availability for a 1 hour training session(zoom or in person) _____