



COMMUNITY MEALS PROGRAM

Participant Application Form

Email to our Program Coordinator: soulfoodcommunitymeals@gmail.com

Or mail:
Community Meals Program
PO Box 1401, Golden Grove Village SA 5125

Applicant Information

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

About You

Tell us a little bit about yourself!

Support

Who are the people who support you right now? This could be family or friends, a support worker, school, an employment agency, or anyone who you feel supported by in your daily life.

Pathway

Tell us why you are interested in participating in the Community Meals Program. Is it to get some work experience? A reference for future work? Is it to meet new people? Learn new cooking skills?

Health and Abilities

Do you have any existing medical or health conditions that we need to be aware of to support you in your volunteering?

Is there any additional support you would need in place to complete our program (eg. one on one support or assistance with mobility or personal care, transport concerns etc.)

References

Please list one or two people who can give us a reference for you.

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

Availability

Day	Morning	Afternoon	Evening	Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Signature

I confirm the above information is correct and hereby submit my application to participate in the Community Meals Program.

Signature: _____ Date: _____