



Kitchen Volunteer

Organization Overview:

West Side Campaign Against Hunger is an innovative, customer-choice food pantry that combines access to healthy food with support services and job training to help stabilize customers and support them through their paths to self-sufficiency. We have successfully provided emergency food to New Yorkers for 39 years, pioneering the customer-choice model, which has now been adopted by most pantries. Our focus is on the long-term, and we attempt to find solutions to the root causes of hunger.

Program Overview:

The Culinary Program provides a nutritious lunch for our staff, volunteers, and Chef Training students daily at 12pm. This typically consists of a meat option, vegetarian option, starch, salad and fresh fruit option.

Responsibilities:

- Participate in an orientation and training.
- Arrive on time and follow instructions provided by Chef.
- Shop for ingredients at our supermarket-style food pantry to prepare lunch.
- Prepare food while following NY State food handling safety and sanitation guidelines and procedures.
- Maintain the cleanliness and organization of the kitchen and equipment cages.
- Dispose of waste appropriately

Qualifications/Requirements:

- Age **18** and older.
- Ability to commit to **at least two** shifts per week for a **month**.
- Ability to follow up instructions and procedures
- Excellent interpersonal skills.
- Strong organizational skills.
- Bilingual in Spanish and English a plus.
- Positive attitude and a team player.

To Apply:

Please complete the application below, attach a resume, and submit it to Becker Rosales, Volunteer Coordinator via email to Brosales@wscach.org or fax to 212-769-4341. Please note that this is an unpaid volunteer opportunity.

263 West 86th St • New York, NY 10024 • 212-362-3662 • info@wscach.org

 /wscach  @wscach  @wscach_

DIGNITY. COMMUNITY. CHOICE.

Kitchen Volunteer Application

Thank you for your interest in volunteering with WSCAH! Volunteers play a vital role in ensuring our organization runs smoothly. The information on this application will be kept confidential and only authorized staff will have access to your information.

CONTACT INFORMATION (PLEASE PRINT):

First Name: _____ Last Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION (PLEASE PRINT):

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: _____

SPECIAL CONSIDERATIONS:

Do you have any physical or medical conditions and/or dietary restrictions we should be aware of?

SKILLS & CERTIFICATIONS:

1. What skills and talents could you contribute to WSCAH?

2. Can you read, write and speak another language?

3. Have you completed any certifications? Please provide certification name, date of completion, and expiration.

Volunteer Contact Information

Becker Rosales

Administration and Volunteer Coordinator

212-362-3662 x123

Brosales@WSCAH.org

AVAILABILITY:

Please complete the following table by selecting all the shifts you can commit to volunteer. Based on the information provided and taking into account current volunteers, the volunteer coordinator reserves the right to develop a schedule to meet WSCAH’s programmatic needs.

Available Start Date: _____ Expected End Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 9am – 1pm <input type="checkbox"/> 1pm – 4pm	<input type="checkbox"/> 9am – 1pm <input type="checkbox"/> 1pm – 4pm	<input type="checkbox"/> 9am – 1pm <input type="checkbox"/> 1pm – 4pm	<input type="checkbox"/> 9am – 1pm <input type="checkbox"/> 1pm – 4pm	<input type="checkbox"/> 9am – 1pm <input type="checkbox"/> 1pm – 4pm

ADDITIONAL QUESTIONS & DOCUMENTATION:

1. Are you a WSCAH Customer? _____
2. How did you hear about WSCAH’S Volunteer Program?

3. We would like to keep you up to date with exciting volunteering and involvement opportunities WSCAH via our e-newsletter. Please check here if you would like to opt-out of receiving these updates.
4. Please attach an **updated** copy of your resume to your volunteer application.

The facts set forth above in my application are true and complete to the best of my knowledge. I agree to follow all rules and procedures for volunteers as outlined in the Volunteer Guidelines and the Kitchen Rules, as well as to keep confidential all information learned about customers in the course of volunteering at WSCAH.

SIGNATURE: _____ DATE: _____

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Administration and Volunteer Coordinator
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