

Please complete and submit this form

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Shift interested in

--Lunch (8:30 am - 1:00 pm)

--Supper (4:00 pm - 6:00 pm)

--Either / both

Day(s) interested in volunteering:

Comments:

Please return to:

George Piers, Administrator
Fredericton Community Kitchen,
65 Brunswick Street
Fredericton, NB
E3B 1G5