

Volunteer Opportunities at the Frederick Community Action Agency

Volunteer Response Form

Important: All volunteers must be age 14 or older

Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Volunteer Opportunities

Frederick Soup Kitchen: The Frederick Soup Kitchen provides an evening meal from 5:30 to 6:30 p.m., seven (7) days a week and serves over 2,500 meals per month. Started in 1984, the Frederick Soup Kitchen is staffed by a paid cook and over 250 volunteers who serve a free evening meal to anyone in need. The Frederick Soup Kitchen serves up to 110 people a night and more than 30,000 meals are served annually. Volunteers typically work from 5:00 to 7:30 p.m. and commit to at least 1 year of volunteer service.

I would like to volunteer as an: Individual Group

I would like to volunteer on: Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday Any Day

I would like to volunteer: Weekly Twice a Month Once a Month

Other: _____

Frederick Foodbank: The FCAA operates the Frederick Foodbank that serves approximately 600 to 800 households each month. Started in 1983, the Frederick Foodbank is staffed by 50 volunteers and provides a 3- to 5-day supply of food to families and individuals that are experiencing an economic crisis and cannot afford their groceries. Volunteers typically commit to at least 1 year of volunteer service.

I would like to volunteer as an: Individual Group

I would like to volunteer on: Monday, 2:00-4:00 p.m. Monday, 7:00-9:00 p.m.
 Tuesday, 2:00-4:00 p.m. Wednesday, 7:00-9:00 p.m. Thursday, 2:00-4:00 p.m.
 Friday, 2:00-4:00 p.m. Any Day Food sorting/stocking (flexible 9:00 a.m. – 2:00 p.m.)

I would like to volunteer: Weekly Twice a Month Once a Month

Other: _____

Building & Grounds Maintenance: Painting Light Carpentry Cleaning Mowing

Other: _____

Primary Health Care Clinic: The FCAA operates a primary health care clinic staffed by physicians, nurse practitioners, and podiatrists. The primary health care clinic is open Monday through Friday and serves adults and pediatric patients that are uninsured, low-income, homeless, and/or recipients of Medical Assistance or Primary Adult Care (PAC) benefits.

I am a: Physician – specialty: _____ Physician Assistant

Nurse Practitioner – specialty: _____ Registered Nurse

Licensed Practical Nurse Dentist Oral Surgeon

Podiatrist Psychologist Social Worker

Other: _____

For more information please contact Sarah McAleavy, Coordinator of Food & Nutrition Services at 301-600-6263 or by email at smcaleavy@cityoffrederick.com OR Janet Jones, Coordinator of Medical Services at 301-600-3967 or by email at jjones@cityoffrederick.com.