

Applicant Information

First:		Last:	
Day & Month of Birth	/	Business Phone: ()	
Home Phone: ()		Cell Phone: ()	
Street Address:			
City:	Postal Code:	Email:	
Are you currently working?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

Availability: Start Time & End Time

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Areas of Interest (Please check all that apply)

Cooking / Kitchen <input type="checkbox"/>	Cleaning <input type="checkbox"/>	Clothing Room <input type="checkbox"/>	Computer Work <input type="checkbox"/>
Fundraising at Events <input type="checkbox"/>	Office Work <input type="checkbox"/>	Sorting Shelves <input type="checkbox"/>	Fundraisers Event Creation <input type="checkbox"/>
Front Desk <input type="checkbox"/>	Walking Clients <input type="checkbox"/>	Paper Projects <input type="checkbox"/>	Moving Large Heavy Items <input type="checkbox"/>
Emptying Grocery Bins <input type="checkbox"/>	Accounting <input type="checkbox"/>	Public Relations <input type="checkbox"/>	Kitchen Non-Cooking <input type="checkbox"/>

Confidentiality

Volunteering at the Centre Wellington Food Bank requires you to be confidential about the information that you hear, see, read and learn. All clients of the food bank are given this right; we have a Confidentiality Agreement that must be signed on a yearly basis. We also require all volunteers to get a local police check before volunteering with us. Please take the time now to read through sign and date your confidentiality agreement.
 Please Initial that you have signed the Confidentiality Agreement & will obtain your police report (no cost, if applicable)

Specific Skills

What Specific Skills do you have that you can contribute to the C.W.F.B.?

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Emergency Contact Person

Emergency Contact Person:

Phone #1:	Phone #2:	Relationship:
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Notes anything specific that you may want us to know, Limitations, Health Concerns

Vehicle

Some of the activities of the C.W.F.B. involve picking up or dropping off food. Would you be willing to use your vehicle to pick up & or drop off, food, supplies, events materials? YES NO

What type of Vehicle do you drive?

Car Van Truck SUV

OFFICE USE ONLY

Start Date		End Date	
Area		Regular Date	
Confidentiality Signed		Police Check Approved	
Interview Completed By		Date	

Signature