

OWEN SOUND HUNGER RELIEF EFFORT



Volunteer Application Form

Ensure that all the information is complete. If you make a change or cross anything out, please initial the change. Remember to sign it.

Personal Information:

Name: _____

Address: _____

Phone #s: (Home) _____ (Work) _____ (Cell) _____

E-Mail: _____

Date of Birth: _____

Emergency

Contact: _____ Phone _____ Relationship _____

Church or Organization Affiliation (optional) _____

Personal History (optional)

Occupation and/or Employer _____

Previous

Volunteer Experience _____

How Long _____

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon 2 - 4					
Evening 4:45 - 6:45					

I would like to volunteer for (please check all that apply):

- Kitchen Prep Assistance (2 to 4 pm)
- Serve & Clean Up (4:45 to 7pm)
- Administrative/Office Help
- Board of Directors
- General Help (taking donations, cleaning, organizing)
- Maintenance/odd jobs

Skills and Interests

Indicate any skills, experience, qualifications you have that would help you in this position:

- works well with all types of personalities
- enjoys working independently
- possesses strong organizational skills
- have computer/website/social media knowledge
- have Safe Food Handling Certificate
- have First Aid Certificate
- other – Please Comment _____

Hobbies and Interest:

If this position involves children, youth or people from vulnerable groups, have you read and/or are you willing to abide by the “OSHaRE Safe Guidelines and “Code of Conduct”? YES/NO

Do you have any physical condition that would hinder or prevent you from performing certain types of activities? YES/NO

If yes, please explain _____

REFERENCES

Name & Address	Phone #	Personal/Work	# of yrs. known
1.			
2.			
3.			

Volunteer Signature