

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
Morning Prep 8am-12pm					
Food Rescue Sorting 9am-11am					
Lunch-To-Go Service 11:30am-1:30pm					
Afternoon Prep 2pm-4pm					
Evening Prep 4pm-6pm					

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

- 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