

Owen Sound Hunger and Relief Effort 946 - 3rd Avenue East, Owen Sound, ON N4K 2K9 519-376-3899 info@oshare.ca



VOLUNTEER APPLICATION FORM

Ensure that all required information is complete. If you make a change or cross any information out, please initial the change. Sign the application when it is complete and submit it via email or by dropping it off at the OSHaRE office.

Personal Info	ormation:							
Name:								
Address:								
Phone #'s	Mobile: Home		 ::		Work:			
Email: Date of Birth:								
Emergency Contact:	Name:		Phone:	·	Relationship:			
Church or Community Group Affiliation (optional):								
Personal History (optional):								
Occupation and/or Employer:								
② Previous volunteer experience:								
- with whom:								
- where:								
- how long:								

YOUR AVAILABILITY AND PREFERENCES (check the boxes for volunteer shifts you could fill)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Morning Prep							
8 am - 12 noon							
Food Rescue Sorting - morning							
9am - 12 noon							
Food Rescue Sorting - afternoon							
Noon - 3 pm							
Lunch-to-Go Service							
11:30 am - 1:30 pm							
Afternoon Prep							
2 pm - 4 pm							
Evening Prep/Supper Service							
4 - 6 pm							

OTHER VOLUNTEER SKILLS AND INTERESTS (check all that apply)							
 I would like to volunteer for administrative/office help. I would like to volunteer for general duties (taking donations, cleaning, organizing). I would like to volunteer to help with maintenance, small repairs and odd jobs. I work well with all types of personalities. I enjoy working independently. I have strong organizational skills. I have computer/website/social media skills. I have a current Safe Food Handling certificate. I have a current First Aid Certificate. I have other skills I would like to offer (please comment): 							
HOBBIES & INTERESTS:							
Volunteering at OSHaRE may involve contact with children, youth or adults from vulnerable groups. Have you read and/or are you willing to abide by the "OSHaRE Safe Guidelines" and "Code of Conduct"? NO Do you have any physical condition that would hinder or prevent you from performing certain types of activities? NO If "YES" please explain:							
REFERENCES:							
	Name & Address	Phone #	Personal or Work	# of Years Known			
0							
2							
3							