

CLARINGTON EAST FOOD BANK VOLUNTEER POLICY #1.01 VOLUNTEER APPLICATION - APPENDIX-A-1

1.	Name of Volunteer Applicant:				
	Address:Postal Code:				
	Telephone: Alternate telephone:				
	Email:				
2.	Current Status: StudentWorkRetired/At Home				
3.	Emergency Contact Person:	_			
	Telephone:	_			
4.	Do you have any experience, skills, or interests you consider relevant for this work?				
5.	What do you hope to gain from volunteering at the Clarington East Food Bank?				
6.	Any other information you would like to share/provide?				
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Volun	teer Signature		Date			
Clarin	gton East Food Bank.This forn nces to confirm my application	n gives CEFB permi				
By signing below, you agree to the information above and understand that completion o						
	Phone Number:	En	nail:			
	Name:		Relationship:			
	Phone Number:	En	nail:			
	Name:		Relationship:			
9.	. Please list two references Information(phone, email)					
	Other					
	☐ Home Driver (deliver ha	mpers on Food Bank	2 Home Day)			
	☐ Floater (food sorter, sho	pper, or greeter role	as need on the day)			
	☐ Personal Shopper (assis	st neighbours in our s	hopping model)			
	☐ Food Sorter (weigh, sort	, and shelve incomin	g donations)			
	☐ Greeter (welcome neigh	bours as they arrive				
8.	Which position(s) interest(s) you	ı as a volunteer?				
	For how long can you commit t	o these hours?				
	Are you available Tues (11-2)	Tues (3-6)	Thurs (11-2)			
	How many hours are you availa	ble? Each week	Each month			
7.	Availability/Flexibility					



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OFFICE USE ONLY

Start Date:	_End Date:				
Area:					
Interview Conducted By:					
Signature:					
NOTE:					
THIS DOCUMENT WILL BE MAINTAINED IN THE VOLUNTEER'S PERSONNEL FILE.					