[**St. Mary's Food Bank**](http://www.stmarys-foodbank.com/)

*Because food is a RIGHT!*

*Volunteer Application Form*

Thank you for your interest in volunteering with St. Mary’s Food Bank

Here are your next steps:

☐ Step 1 – Complete the volunteer application form.

☐ Step 2 – Read our Volunteer Handbook, print and sign the last three pages.

☐ Step 3 – Commit to volunteering with us for minimum one shift per week for a period of at least three (3) months.

*Operation Hours:*

◊ Tuesday 12pm- 2pm

◊ Wednesday 7pm-9pm

◊ Thursday 7pm- 9pm

5715 Coopers Mississauga, ON L4Z 2C7

(905) 238-9008

☐ Step 4 – Attend a half-day training session by invitation.

All information will be kept in strict confidence and adheres to the organization’s privacy policy.

**Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (Month and Day):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

What is your highest level of education?

☐High School ☐Some Post-Secondary ☐Post-Secondary ☐Graduate Degree

**Applicant Profile**

What is your main reason(s) for applying?

☐Desire to help others ☐Interest in community involvement

☐Gain experience ☐Establish work record and build resume

☐Meet new people ☐Community hours

☐Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of volunteer activities are you interested in (please check all that apply)?

☐Direct services to Clients ☐Clerical/Office/Administration ☐Food Sorting

☐Fund and Food-raising ☐Training/Facilitation ☐Warehouse

☐Computer technology ☐Pickups/ Drivers ☐Special Events

Availability

|  |  |  |  |
| --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
| Evening 5-9pm | Afternoon 12-2pm | Evening 7-9pm | Evening 7-9pm |
| ☐ | ☐ | ☐ | ☐ |

Languages Speak Read Write

English ☐ ☐ ☐

Arabic ☐ ☐ ☐

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ ☐ ☐

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ ☐ ☐

Emergency Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference

Please list one reference, not including family members.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information in this application is correct and complete. I agree to behave in accordance with St. Mary’s Food Bank’s code of conduct. I give my permission to the St. Mary’s Food Bank to contact the above reference and to obtain, if required, a criminal record check and/or a driver’s abstract. I understand that I will be advised in advance if a criminal record check and/or a driver’s abstract is required. I understand that if I am below the age of majority I must have my parent/guardian sign and provide their contact information below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_