

APPLICANT INFORMATION

First Name  Last Name

Birthday  /  /  Phone  -  -  Cellphone  -  -

Address  City

Postal Code  Email

Are you currently employed? Y  N

Availability: Start Time and End Time

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
-	-	-	-	-	-	-

Areas of interest (Please check all that apply)

Cooking/Kitchen <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Front Desk <input type="checkbox"/>	Sorting Donations <input type="checkbox"/>
Walking Clients <input type="checkbox"/>	Accounting <input type="checkbox"/>	Cleaning <input type="checkbox"/>	Public Relations <input type="checkbox"/>
Paper Projects <input type="checkbox"/>	Office Work <input type="checkbox"/>	Heavy Items <input type="checkbox"/>	

What specific skills do you have that you would like to contribute to the CWFB?

Emergency Contact Name:

Phone Number:  Cellphone:

Is there anything specific you would like us to know about you? Health concerns, limitations, etc.

Some of the activities of the CWFB involve picking up or dropping off food. Would you be willing to use your vehicle to pick up & drop off food, supplies, events materials?

Yes  No

What type of vehicle do you drive? Truck  SUV  Car  Van

Volunteering at the Centre Wellington Food Bank requires you to be confidential about the information that you hear, see, read and learn. All clients of the Food Bank are given this right; we have a Confidentiality Agreement that must be signed on a yearly basis. Please take the time now to read through, sign and date your Confidentiality Agreement. Please Initial that you have signed the Confidentiality Agreement.

OFFICE USE ONLY

Start Date  End Date

Area  Regular Date

Confidentiality Signed  Date

Interview Completed By

Signature