



VOLUNTEER APPLICATION FORM

Note: The information collected here will be used by the Georgina Community Food Pantry only, to appropriately support volunteers in our organization. No information in this form will be shared without prior consent.

Contact Information

Full Name: _____ Date of Birth: _____ Application Date: _____

Mailing Address: _____

Phone/Cell: _____ Email: _____

Emergency Contact Name: _____ Phone/Cell: _____

Service Information

What are your goals and/or expectations for this volunteer placement?

Do you have previous volunteer experience? No: ____ Yes: ____ (please provide details below, where/in what role)

Do you have experience volunteering or collaborating with vulnerable persons and/or people in need?

Please place a checkmark beside the top 3 activities/areas that you would be interested in **VOLUNTEERING** for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sorting | <input type="checkbox"/> Client Resources Lead | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Food Drive & Events | <input type="checkbox"/> Shopping Assistant | <input type="checkbox"/> Packing |
| <input type="checkbox"/> Intake | <input type="checkbox"/> Community Lunches | <input type="checkbox"/> Receiving |
| <input type="checkbox"/> Cleaning Crew | <input type="checkbox"/> Driver (Personal vehicle) | <input type="checkbox"/> Community Garden |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Driver (Pantry vehicle) | <input type="checkbox"/> Office Assistant |

Other (explain your idea): _____

[Click here for a description of each of our volunteer opportunities.](#)

Availability

How many shifts/hours per week would you like to volunteer, and what is your availability?

___ Shifts Per Week ___ Shifts Per Month (please specify below)

Please check the days/times when you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30 -12:00	8:30 -12:00	8:30 -12:00	8:30 -12:00	8:30 -12:30	Food Drives	Food Drives
12:00 – 2:30	12:00 – 2:30	12:00 – 2:30	2:45 -6:30		Food Drives	Food Drives

References

Please provide two references from people who have known you for some time.

Name	Relationship	Phone/Email

Are you willing to submit to a Vulnerable Sector Check upon request? ___

Do you have a driver's license in good standing? ___

Do you have access to a licensed motor vehicle? ___

As a volunteer of the Georgina Community Food Pantry, I agree that I will not be paid for my services and once my application is accepted, I will be asked to sign and follow the Ethical Foodbanking Code of Conduct and a Confidentiality Agreement. I will comply with all Georgina Community Food Pantry policies and procedures that regulate volunteer involvement and safe food handling. I understand I will be expected to participate in relevant training sessions, at no cost to myself, from time to time.

Volunteer Signature: _____ **Date:** _____

Parent Signature (Is required for volunteers under 16 years old): _____

Volunteers younger than 16 years of age must be accompanied by a parent or guardian, unless otherwise agreed upon in advance with the GCFP Volunteer Program Coordinator.

Photography Consent

Volunteers may be photographed for educational, archival, public relations and security purposes for the Georgina Community Food Pantry. I acknowledge that I may be photographed by the Georgina Community Food Pantry and through my signature, I consent to this action.

Volunteer Signature: _____ **Date:** _____

Privacy Practice Statement

Georgina Community Food Pantry protects personal information and adheres to all legislative requirements with respect to privacy. We do not rent, sell, or trade our list of volunteers. We use your personal information to connect you to organizational volunteer opportunities including but not limited to volunteer areas of interest listed in this form.

Thank you for your interest in assisting the Georgina Community Food Pantry

APPENDIX A

Georgina Community Food Pantry

CONFIDENTIALITY AGREEMENT

Oath of Confidentiality

I, the undersigned, do recognize all Georgina Community Food Pantry clients' information, personnel matters, interpersonal relationships, and other such matters as determined by the Georgina Community Food Pantry, shall be considered confidential. I pledge that I shall not, either during the term of my volunteering position at the Pantry or any time thereafter, disclose to any person, firm, or organization, any confidential information concerning the business or affairs of the Georgina Community Food Pantry which I may have acquired during, or incidental to, my role as a volunteer of the Georgina Community Food Pantry.

Unauthorized access to, modification, deletion or disclosure of information may compromise the integrity of the Georgina Community Food Pantry or otherwise violate individual rights of privacy. Distribution and/or reproduction of any record or information outside the intended and approved use is prohibited and is contrary to applicable privacy legislation.

Print First and Last Name: _____

Signature: _____ **Date:** _____

APPENDIX B

Food Banks Canada

THE ETHICAL FOODBANKING CODE

Food Banks Canada, the provincial associations, and affiliate food banks/programs will:

1. Provide food and other assistance to those needing help regardless of race, national or ethnic origin, citizenship, color, religion, sex, sexual orientation, gender identity, gender expression, income source, age, and mental or physical ability.
2. Treat all those who access services with the utmost dignity and respect
3. Implement best practices in the proper and safe storage and handling of food.
4. Respect the privacy of those served and will maintain the confidentiality of personal information.
5. Not sell donated food.
6. Acquire and share food in a spirit of cooperation with other food banks and food programs.
7. Strive to make the public aware of the existence of hunger and of the factors that contribute to it.
8. Recognize that food banks are not a viable long-term response to hunger and devote part of their activities to reducing the need for food assistance.
9. Represent accurately, honestly, and completely their respective mission and activities to the larger community.

Print First and Last Name: _____

Signature: _____ **Date:** _____