# St. Joseph’s Community Food Bank

VOLUNTEER APPLICATION/INFORMATION FORM

**\*All information on this form is kept strictly confidential.\***

|  |  |
| --- | --- |
| Surname: | Given name(s): |
| Address: | City / Province/Postal code: |
| Phone Number: | Email: |
| Emergency Contact: (Name & Phone #): |

|  |  |
| --- | --- |
| Past Occupations: | Present Occupation: |
| Hobbies and Interests (Special Skills, Languages, Computer, Professional, Specialties): |
| Skills & Abilities (Please indicate which of the following you could share with the food bank):* Office clerical support ☐ Fundraising ☐ Heavy lifting ☐ I have a vehicle YES / NO
* Soliciting Support / in-kind donations by phone or in person ☐ Proposal writing
* Website development ☐ Other
 |

**Which position(s) interest you as a volunteer?**

|  |  |
| --- | --- |
| **REGISTRAR**Work one-on-one with clients to obtain basic family information and thencomplete data entry into an on-line information system. |  |
| **PACKER/SERVER**Add specified items to client hampers. Give hampers to clients. Fill serving shelves and fridge/freezer when needed.*Some heavy lifting may be required.* |  |
| **HAMPER BUILDER**Build client hampers using a list.*Some heavy lifting required.* |  |
| **SORTER / STOCKER**Keep shelves tidy, stock free of packaging and accessible. Track incoming donations. Check dates, sort and shelve all incoming donations. *Some heavy lifting required.* |  |
| **PORTIONING**Portion items (sugar, coffee, tea, milk, health products) according to guidelines. Follow all safe food handling and health and safety procedures. Maintain cleanliness of the workplace at all times. |  |
| **SPECIAL TASKS / EVENTS**Help with special events or tasks when needed, setting up, running and taking down events. Events may include: PR events, Fundraising events, Food Drives, Community Garden Support, Santa Claus Parade, etc.*Can and will sometimes involve hours outside of our service hours.* |  |

**COMMITTEE SUPPORT**

Committee member, Board member: Have knowledge of non-profit organization management. Help to evaluate the performance of the organization in achieving its mission and objectives. Represent the organization to the community.

**References**

Please provide 2 references for our review. If possible, only one should be a personal reference.

**REFERENCE #1**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Phone:** | **Email:** |
| **Does this person expect to be contacted by SJFB? Yes No** |

**REFERENCE #2**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Phone:** | **Email:** |
| **Does this person expect to be contacted by SJFB? Yes No** |

## This signature certifies that this application was completed by me and that all the information is true and correct.

**SIGNATURE:**  **DATE:**

**Please sign and date this application form and bring or mail to the Food Bank.**

|  |  |
| --- | --- |
| **Dropping off in person:** | **Mailing-in:** |
| Holy Name Annex | St. Joseph’s Community Food Bank |
| 295 First Ave. N. | P.O. Box 753 |
| Pembroke ON | Pembroke ON |
|  | K8A 6X9 |

**Thank you for choosing to volunteer for**

**St. Joseph’s Community Food Bank**