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 complete data entry into an on-line information system.	on and then
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.	S.
HAMPER BUILDER Build client hampers using a list. Some heavy lifting required.	
SORTER / STOCKER Keep shelves tidy, stock free of packaging and accessible. Traincoming donations. Check dates, sort and shelve all incoming donations. Some heavy lifting required.	
PORTIONING Portion items (sugar, coffee, tea, milk, health products) accord guidelines. Follow all safe food handling and health and safet procedures. Maintain cleanliness of the workplace at all times	y
SPECIAL TASKS / EVENTS Help with special events or tasks when needed, setting up, ru taking down events. Events may include: PR events, Fundraisi Food Drives, Community Garden Support, Santa Claus Parad Can and will sometimes involve hours outside of our service h	ng events, e, etc.

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: Holy Name Annex 295 First Ave. N. Pembroke ON	Mailing-in: St. Joseph's Community Food Bank P.O. Box 753 Pembroke ON K8A 6X9	

COMMITTEE SUPPORTCommittee 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

Thank you for choosing to volunteer for St. Joseph's Community Food Bank