

**Applicant Information**

First:		Last:	
Day & Month of Birth	/	Business Phone: ( )	
Home Phone: ( )		Cell Phone: ( )	
Street Address:			
City:	Postal Code:	Email:	
Are you currently working?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

**Availability: Start Time & End Time**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Areas of Interest (Please check all that apply)**

Cooking / Kitchen <input type="checkbox"/>	Cleaning <input type="checkbox"/>	Clothing Room <input type="checkbox"/>	Computer Work <input type="checkbox"/>
Fundraising at Events <input type="checkbox"/>	Office Work <input type="checkbox"/>	Sorting Shelves <input type="checkbox"/>	Fundraisers Event Creation <input type="checkbox"/>
Front Desk <input type="checkbox"/>	Walking Clients <input type="checkbox"/>	Paper Projects <input type="checkbox"/>	Moving Large Heavy Items <input type="checkbox"/>
Emptying Grocery Bins <input type="checkbox"/>	Accounting <input type="checkbox"/>	Public Relations <input type="checkbox"/>	Kitchen Non-Cooking <input type="checkbox"/>

**Confidentiality**

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. We also require all volunteers to get a local police check before volunteering with us. Please take the time now to read through sign and date your confidentiality agreement.  
 Please Initial that you have signed the Confidentiality Agreement & will obtain your police report (no cost, if applicable)

\_\_\_\_\_

**Specific Skills**

What Specific Skills do you have that you can contribute to the C.W.F.B.?

**Next Page**

**Emergency Contact Person**

Emergency Contact Person:

Phone #1:	Phone #2:	Relationship:
-----------	-----------	---------------

**Notes anything specific that you may want us to know, Limitations, Health Concerns**

**Vehicle**

Some of the activities of the C.W.F.B. involve picking up or dropping off food. Would you be willing to use your vehicle to pick up & or drop off, food, supplies, events materials? YES  NO

What type of Vehicle do you drive?

Car  Van  Truck  SUV

**OFFICE USE ONLY**

Start Date		End Date	
Area		Regular Date	
Confidentiality Signed		Police Check Approved	
Interview Completed By		Date	

Signature