# C:\Users\Lena\Pictures\F4K logo.jpg Volunteer Application Form

Thank you for expressing interest in volunteer opportunities with Food4Kids Niagara. Volunteers are our most valuable resource and we would not exist without you! All individuals who are qualified and meet requirements established for a position are welcomed and needed. **Please note minimum age requirement is 16 years old unless supervised by an adult.**

We collect the information below to ensure effective communication, volunteer recognition and safety. Any information given by you will remain confidential.

## Date of Application:

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, Prov., Postal Code |  |
| Home Phone |  |
| Work Phone |  |
| Place of Work |  |
| School currently attending |  |
| E-Mail Address |  |

## Availability

During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

## Interests

Tell us in which areas you are interested in volunteering:

Packing Food Bags for Kids

Special Events

Fundraising

Deliveries to School Programs

Organizing a Food Drive

## How did you hear about Food4Kids?

Brochure or Poster

Friend or Family Member

Newspaper

Office Sign

TV

Other. Please state:

*Please note that all drivers must have a current Police Information Check (PIC)*

(289)786-0234 • **www.food4kidsniagara.ca**  •food4kidsniagara@gmail.com

## Previous Volunteer Experience

Please list your past volunteer experience or any relevant training (i.e.: skills, certificates, licenses)

## Person to Notify in Case of Emergency

|  |  |  |
| --- | --- | --- |
| Name:  | Telephone:  | Relationship: |

## Agreement and Signature

* It is the policy of Food4Kids to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.
* I agree to keep confidential all information that I encounter while volunteering with Food4Kids.
* I understand that working in a warehouse environment includes some risk of physical injury. I hereby release Food4Kids Niagara, its staff, board members and directors from any and all liability and/or responsibility for any accidents, injuries or illness that I may sustain while I am performing the duties of a volunteer.
* I understand that as a volunteer I am **not** covered under Workers Compensation.
* I affirm that I have read the above and that the information I have given above is true and complete.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

Thank you for your interest in volunteering with us. Please email completed form to Amber:

food4kidsniagara@gmail.com

**For Office Use Only:**

**Date Application Received:**

**Date Contacted:**

**Date Placed:**

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