

Applying For:

Number of Hours _____

Student Volunteer Hours

Co-Operative Hours

Court Appointed Hours

Other _____

Date of Application _____



The Guelph Food Bank

Hunger Hurts, Please Give

100 Crimea St. Guelph, Ontario, N1H 2Y6
 PH: 1-519-767-1380 FX: 1-519-824-1640
 gfb@spiritwind.ca
 www.guelphfoodbank.ca

Please complete all relevant questions detailed on this form. All information provided will be kept confidential. The answers will help us to match your skills, interests and abilities to the needs of our centre(s). This will ensure a meaningful experience for you. Volunteers may be asked to complete a Volunteer Police Check.

NAME (Please print) (First & Last)	Cell Phone #	Home Phone #
ADDRESS (#, Building, Street)	CITY	POSTAL CODE
Date of Birth (Month/Day/Year)	LEVEL OF EDUCATION	E-MAIL

Please check the boxes that best describe you, and fill in any information that pertains to the question. (N/A means the question is NOT APPLICABLE.

- 1) Are you currently enrolled in school? Yes No N/A If yes grade/course _____
- 2) Are you currently employed? Yes No N/A If yes # or hrs/ week _____
- 3) Would you be willing to drive for the Food Bank? Yes No N/A
- 4) Do you have a valid driver's license? Yes No N/A If yes what level? G, G1, G2
- 5) Do you have demerit points? Yes No N/A
- 6) Have you ever done volunteer work before? Yes No N/A If yes, please fill out the following:

Name of Organization: _____

Type of Volunteer Work/ Skills: _____

- 7) Do you have any disabilities or medical conditions affecting the work you can do? Yes No N/A

If yes, please describe below;

- 8) Please check the areas you would be interested in helping with

Office Work Driving Fund-raising Garage Sales Clothing Exchange Stocking Cashier
 Special Events Warehouse Gift Wrapping Other _____

- 9) Please check the best days you are available to volunteer

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

- 10) Please check the best time(s) you are available to volunteer

Mornings Afternoons Evenings Weekends Consistently Will Vary

Please note anything else you would like us to know: _____

