

**Applying For:** # of Hours \_\_\_\_\_

Student Volunteer Hours

Co-Operative Hours

Court Appointed Hours

Other \_\_\_\_\_

**Date of Application** \_\_\_\_\_



## Guelph Food Bank (GFB)

**People Helping People Since 1989**

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.

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

Please check the boxes that best describe you, and fill in any information that pertains to the question. (N/A = Not Applicable)

- 1) Have you received your COVID-19 Vaccine?  Yes  No If yes, which dose?  1<sup>st</sup> Dose  2<sup>nd</sup> Dose
- 2) Are you currently enrolled in school?  Yes  No  N/A If yes, grade / course \_\_\_\_\_
- 3) Are you currently employed?  Yes  No  N/A If yes, # hours / week \_\_\_\_\_
- 4) Would you be willing to drive for the GFB?  Yes  No  N/A  
 If yes, do you have a valid driver's license?  Yes  No  
 If yes, what level? (Other = special licenses)  G  G1  G2  Other Add'l (Please List) \_\_\_\_\_  
 If yes, have you lost any demerit points?  Yes  No
- 5) Have you ever done volunteer work before?  Yes  No  N/A If yes, please fill out the following:  
 Name of Organization(s): \_\_\_\_\_  
 Type of Volunteer Work/Skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6) Do you have any disabilities or medical conditions affecting the work you can do?  Yes  No  N/A  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- 7) Please check the areas you would be interested in working in:  
 Client Servicing  Office Work  Warehouse  Driving  Clothing Exchange  Special Events  
 Garage Sales  Gift Wrapping  Fundraising  Food Sorting  Other \_\_\_\_\_
- 8) Please check the best days you are available to volunteer  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
- 9) 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_