

# Clearview Stayner Food Bank

## VOLUNTEER REGISTRATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

### **In case of an emergency, contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Skills you have to offer:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Work well with people | <input type="checkbox"/> Creative ideas        | <input type="checkbox"/> Office procedures  |
| <input type="checkbox"/> Drive a vehicle       | <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Computer knowledge |
| <input type="checkbox"/> Other                 |  |   |

### **Previous volunteer experience:**

### **Educational / training background:**

### **Employment experience:**

### **Availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

### **Type of Volunteer Work:**

- |  |  |
|--|--|
| <input type="checkbox"/> Donate food                       | <input type="checkbox"/> Pickup food   |
| <input type="checkbox"/> Donate money                      | <input type="checkbox"/> Stock shelves |
| <input type="checkbox"/> Fund raising & food drive         |  |
| <input type="checkbox"/> Working shift(s) at the Food Bank |  |

### **Length of volunteer commitment:**

- |   |
|---|
| <input type="checkbox"/> Special event / project  |
| <input type="checkbox"/> Less than six (6) months |
| <input type="checkbox"/> More than six (6) months |

### **How did you hear about our program?**

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**References:**

Please supply two (2) references other than family members (employer, friends, minister, etc.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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**Agreement:**

If accepted as a Clearview Stayner Food Bank volunteer, I agree to the following:

1. To participate in designated training sessions when provided to help in my volunteer assignment.
2. To fulfill the volunteer hours agreed upon.
3. To maintain strict confidentiality.
4. To wear required identification when on duty as required.
5. To provide my time and service without remuneration.
6. To adhere to the smoke-free environment.
7. To support the principles of the Clearview Stayner Food Bank and the implementation of the mission of the Clearview Stayner Food Bank while on duty as a volunteer.
8. To give the Clearview Stayner Food Bank permission to contact the above named references.
9. To agree to a police check, if necessary.
10. To show a driver's abstract, if necessary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only:**

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