

**Applying for:**

**Student Volunteer Hours**

**Court Appointed Hours**

**I just want to volunteer!**



# VOLUNTEER FORM

100 Crimea St. Guelph Ontario N1H 2Y6  
**519-767-1380**  
 volunteers@guelphfoodbank.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.

## Personal Information:

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

Date of Birth: \_\_\_\_\_

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

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

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

## Languages spoken

(other than english)

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our volunteer opportunities?

\_\_\_\_\_

\_\_\_\_\_

## Availability:

Day	Morning (8:45am-12:00pm)	Afternoon (1:00pm-4:00pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

## Weekend Events

Please indicate whether you would be interested in receiving email information about volunteer opportunities for weekend events

YES  NO

These may be on or off-site events in Guelph.

## Roles Available:

### Weekend Events

- Client Servicing:** involves greeting and interacting with clients when they arrive and assisting them while they choose their groceries. **NOTE:** *this role is for the morning shift ONLY.*
- Warehouse Support:** involves sorting non-perishable and/or fresh foods, portioning (bulk donations broken down into smaller packaging), stocking product, cleaning warehouse equipment and surfaces.  
**NOTE:** *some roles involve lifting, however we can work with all levels of physical abilities.*
- Driving:** involves driving to various locations to pick up and/or drop off food donation. Lifting required. WE provide the vehicle. **NOTE:** *You MUST be 25 years of age or older, have a G license and a clean driving record.*

## Emergency Contact:

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

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

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

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

## Health & Safety

Do you have any medical conditions, allergies, or accessibility needs we should be aware of?

YES  NO

Please explain: \_\_\_\_\_

\_\_\_\_\_