



VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

How often are you able to volunteer? _____

What days are you available? _____

How many hours per week are you available? _____

Are you available between the hours of 8:00 a.m. and 1:30 p.m. Y/N

Do you like to work with the public? _____

Are you OK with cross training and working in any position at the Food Bank? Y/N

Do you have any health problems we should be aware of? Y/N

If so, please explain: _____

Do you generally feel you could get along with other volunteers and recipients? _____

Would you submit to a criminal record search if we requested it? Y/N

Information taken by: _____ **Date:** _____

Submit completed form in person, Mon to Fri between 12-2 pm to 1255 McPhee Ave.,

Courtenay, B.C. Or email it to administration@comoxvalleyfoodbank.ca