

# COMOX VALLEY FOOD BANK

## 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 8:30 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: \_\_\_\_\_