Community Cupboard
2 Madawaska Street
Bancroft, Ontario K0L 1C0

Volunteer Application Form

Please Print Clearly

All information gathered will be kept confidential.

General Information		
Last Name:	First Name:	
Title:	Gender: M ☐ F ☐	Date of Birth (Day, Month, Year) *Optional* Please check box if over the age of 21 ☐
Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Work Phone:
E-mail Address:		
Preferred contact method:		
Do you have a valid drivers licence? Yes ☐ No ☐	Would you be willing to have a Police Check Completed? Y☐ N☐	
Have you ever been convicted of an offence under the Youth Criminal Justice Act or adult law? Yes ☐ No ☐		

Area(s) of Interest

Please rank your preferences of which type of volunteering you would like to perform (1st choice, 2nd choice etc.)

Note that not all positions are available at all times and in all areas.

	Serving Clients		Fund raising		Food Transporation
	Special Events		Presenations / Public Speaking		
	Other (Please Specify):				

Previous Experience

Have you previously volunteered with US before? Yes ☐ No ☐

Volunteered with a food bank before? Yes ☐ No ☐

Which one? When? Can we contact them?

A. Have you ever done volunteer work before? With who? When? Can we contact them?

B. If you have never volunteered before, why do you think you would be a good volunteer?

Commitment

☐	Willing to under go some training.	☐	Willing to clean the premises.	☐	Willing to be a participant.
☐	How many days a week or a month are willing to volunteer? _____days per week _____days per month				

Duties could and might include the following. Check all those that you would do.							
☐	Serving Clients	☐	Being respectful to clients	☐	Stocking Shelves	☐	Carry boxes & food stuffs
☐	Sweeping the floor	☐	Washing the floor	☐	Washing dishes etc..	☐	The odd small job
☐	Put flyers up around town	☐	Collect donations	☐	Help at Fundraisers	☐	Cold Calling
☐	Presentations	☐	Public Speaking	☐	Other (Please Specify):		

Add your opinion & thoughts:

I feel that you should know about my other interests & skills:

☐ By checking this box **I certify that** the information in this form is correct and complete. I give my permission to the **Community Cupboard** to obtain, if required, a criminal record check and/or a driver's abstract. **I understand that** I will be advised in advance if a criminal record check and/or a driver's abstract or other program specific checks may be required.

Applicant's Signature

Date (DD/MM/YYYY)