



## VOLUNTEER REGISTRATION FORM

NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

Please check off which programs you are willing to volunteer at:

- Food Bank
- Youth Programs
- Elders Circle
- Community Lunch
- Special Events

**Please be aware that if you wish to volunteer with us you are required to have a completed Criminal Record Check, and if you wish to volunteer with our youth you must have an Enhanced Criminal Record Check.**

How many hours a week are you willing to volunteer? \_\_\_\_\_

Do you have any physical limitations we should know about?

\_\_\_\_\_  
\_\_\_\_\_

Do you have your Food Safe Certification?  Yes  No

Do you consent to having your picture taken when volunteering for media advertising and funder's reporting purposes?  Yes  No

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your expressed interest in volunteering with our organization!