



VOLUNTEER APPLICATION FORM **CONFIDENTIAL**

For information contact: Sarah Dermer,
Program Team Leader at 519-822-8778 or
volunteer@chalmerscentre.ca

Name:	Email:
Address:	
Phone:	Alt Phone:
Emergency Contact and Phone Number:	

How did you find out about us?

Why do you want to volunteer with us?

Work and Volunteer Experience (please attach a resume if you have one):

Relevant Work Experience:

Relevant Volunteer Experience:

What area of volunteering are you interested in?

Regular Positions: <ul style="list-style-type: none"><input type="radio"/> Clothing room<input type="radio"/> Grocery Shopping<input type="radio"/> Food unloading, stocking and weighing.<input type="radio"/> Committee work<input type="radio"/> Food pantry<input type="radio"/> Bakery and/or produce pick ups	Occasional Positions: <ul style="list-style-type: none"><input type="radio"/> Garage sale(annual)<input type="radio"/> Workshop facilitation (periodically throughout the year)<input type="radio"/> Food drive (annual)
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Availability:

<input type="radio"/> Downtown , Wednesdays 6-8:15pm	<input type="radio"/> Downtown , Fridays 8:15am-12:15pm	<input type="radio"/> West , Thursdays 9am-12:15pm
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References (If possible, please provide **two** professional references from previous work, volunteer or academic placements).

Name	Contact Information	Relationship to you?

To be signed at first volunteer session:

I have read and understood the following CCSC policies and guidelines:

- Privacy Policy and Confidentiality Agreement
- Accessibility for Ontarions with Disabilities Act Customer Service Standard
- Guiding Principles for Emergency Food Service Eligibility Criteria
- Volunteer Conduct Guidelines
- Volunteer Rights and Responsibilities.

Date: _____ Signature: _____

OFFICE USE ONLY:

Interview by:	Date:
Comments from references:	
<input type="radio"/> Clear Police Record Check Returned	<input type="radio"/> Police Record Check Requires Follow Up:
<input type="radio"/> Training Completed	Review Date:
Exit Date:	Reason for Leaving:

