

The Richmond Hill Community Food Bank – VOLUNTEER APPLICATION FORM



*The information you provide will be kept strictly personal and confidential*

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 20\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Do you speak any languages other than English?** \_\_\_\_\_

**Do you hold valid driver's Licence?** Yes  No  Licence Class:

**Days Available:** Monday  Tuesday  Wednesday  Thursday  Friday

**I can volunteer hours** \_\_\_\_\_ **per day** \_\_\_\_\_ **days per week**

**I AM A STUDENT**

**AVAILABLE: AS ABOVE**

**PA DAYS ONLY**

**JULY/AUGUST**

**CHRISTMAS BREAK**

**MARCH BREAK**

**WEEKENDS**



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Are you currently or have you in the past used our services? Yes  No

What motivated you to what to volunteer at the food bank? \_\_\_\_\_

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Do you have any health or medical concerns that we should know about for your own safety or medical emergency? (e.g. lifting restrictions, mobility issues, etc.)

Yes  No

Details: \_\_\_\_\_

Please provide a personal reference that we can contact:

Full Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I understand and agree that I may be required to provide a Police Clearance Letter to complete this application.

*I certify that my answers are true and correct to the best of my knowledge. I understand that false or misleading information may result in the termination of my volunteer status with The Richmond Hill Food Bank. I agree that any personal information that I learn about anyone from the community will be kept in strictest confidence.*

Signature: \_\_\_\_\_

Please fill out and sign this application form (2 pages). Call the food bank to book a interview appointment with, Lee Reynolds, General Manager. 905-508-4761.