

# ICS



# MOUNT PAUL

community food centre

## Volunteer Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### What would you be interested in volunteering for:

- Food Access Programs: cooking, preparing food
- Food Skills Programs: cooking programs
- Learning Garden
- The Market
- Meals on Wheels Driver
- Seniors Programs
- Children and Youth Programs
- Special Events
- Other (please list):

Please tell us about your availability (days, times):

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Do you have access to a reliable vehicle?: Yes  No

Do you consent to a Criminal Record Check? Yes  No

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**Please tell us a bit about yourself**

How did you hear about the Community Food Centre?

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Why would you like to volunteer?

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What interests or hobbies do you have?

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Do you have any skills or experience that is similar to the programs offered at the CFC?

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Please list any volunteer or work experience:

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**Personal References**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Declaration**

*I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist Mount Paul Community Food Centre in determining my suitability for any volunteer position. I also understand that any information I provide on this form will not be released to any other organizations or persons without my authorization.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date