

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):

Do you have access to a reliable vehicle?

Yes ☐ No ☐

Do you consent to a Criminal Record Check?

Yes ☐ No ☐

Please tell us a bit about yourself

How did you hear about the Community Food Centre?

Why would you like to volunteer?

What interests or hobbies do you have?

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

Please list any volunteer or work experience:

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

Please note: Volunteers are requested to complete a Criminal Record Check. Please visit this website and the complete the prompted steps: <https://justice.gov.bc.ca/eCRC/>
The unique access code is: 3KDJ46JAL7