

Applying For: # of Hours _____

☐ Student Volunteer Hours

☐ Co-Operative Hours

☐ Court Appointed Hours

Other _____

Date of Application _____



Guelph
FOOD BANK
PEOPLE HELPING PEOPLE

Volunteer form

100 Crimea St. Guelph, Ontario, N1H 2Y6

1-519-767-1380

Communications.gfb@gmail.com

www.guelphfoodbank.ca

Please complete all relevant questions detailed on this form.

All information provided will be kept confidential. The answers will help us to match your skills, interests and abilities to the needs of our centre(s). This will ensure a meaningful experience for you.

Volunteers may be asked to complete a Volunteer Police Check.

NAME (Please print) (First & Last)	Cell Phone #	Home Phone # (if applicable)
ADDRESS (#, Building, Street)	CITY	POSTAL CODE
EMAIL	Date of Birth (Month/Day/Year)	LEVEL OF EDUCATION

Please check the boxes that best describe you, and fill in any information that pertains to the question. (N/A = Not Applicable)

1) Have you received your COVID-19 Vaccine? ☐ Yes ☐ No If yes, which dose? ☐ 1st Dose ☐ 2nd Dose

2) Are you currently enrolled in school? ☐ Yes ☐ No ☐ N/A If yes, grade / course _____

3) Are you currently employed? ☐ Yes ☐ No ☐ N/A If yes, # hours / week _____

4) Would you be willing to drive for the GFB? ☐ Yes ☐ No ☐ N/A

If yes, do you have a valid driver's license? ☐ Yes ☐ No

If yes, what level? (Other = special licenses) ☐ G ☐ G1 ☐ G2 ☐ Other Add'l (Please List) _____

If yes, have you lost any demerit points? ☐ Yes ☐ No

5) Have you ever done volunteer work before? ☐ Yes ☐ No ☐ N/A If yes, please fill out the following:

Name of Organization(s): _____

Type of Volunteer Work/Skills: _____

6) Do you have any disabilities or medical conditions affecting the work you can do? ☐ Yes ☐ No ☐ N/A

If yes, please describe: _____

7) Please check the areas you would be interested in working in:

<input type="checkbox"/> Servicing	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Driving	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other
I.e., client servicing, greeting, etc.	I.e., food sorting, hamper making, breakdown, etc.	I.e., pick-ups, deliveries, order building, etc.	I.e., gift wrapping, fundraising, etc.	

8) Please check the best days you are available to volunteer

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

9) Please check the best time(s) you are available to volunteer

☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends ☐ Consistently ☐ Will Vary

Please note anything else you would like us to know: _____