



VOLUNTEER APPLICATION

Name (include middle initial) _____ Today's Date _____

Permanent address _____
Street

City _____ Telephone _____
Postal Code

E-mail _____

Current Employer _____

Current Job Title _____

Emergency Contact _____ Relationship _____

Telephone _____ Alternative Telephone _____

Birth Date (optional) _____
Month Date Year

How did you hear about The Mississauga Food Bank? _____

I. Skills and Interests

Languages Spoken: (Please check the relevant boxes)

- | | | | | | | |
|----------------------------------|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Urdu | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Albanian | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bosnian/Serbian/Croatian | |
| <input type="checkbox"/> Tamil | <input type="checkbox"/> Khmer | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Other: _____ | | |

Special Skills: (Please check the relevant boxes)

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Web Design | <input type="checkbox"/> Electrical | <input type="checkbox"/> Warehouse Stocking |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> MS Publisher | <input type="checkbox"/> Driving | <input type="checkbox"/> Order Picking |
| <input type="checkbox"/> Administration | <input type="checkbox"/> MS Excel | <input type="checkbox"/> Fork Lift | <input type="checkbox"/> Bldg. Maintenance |
| <input type="checkbox"/> IT | <input type="checkbox"/> MS Word | <input type="checkbox"/> Raymond Reach | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Reception | <input type="checkbox"/> MS Access | <input type="checkbox"/> General Carpentry | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: _____ | | |

Training and education _____

Relevant jobs _____

Previous volunteer experience _____

Hobbies, interests, skills _____

II. Availability

How often do you want to volunteer? Weekly Monthly When Needed Special Events

Days and Times Available: *(Check all that apply)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

** Please note that Friday, Saturday, and Sunday volunteer shifts are only available occasionally for special events*

Do you have a driver's license? Yes No If yes, what class? _____

Do you have any health restrictions/special needs to consider in assigning you to a volunteer position? Please specify _____

III. Role Desired

Is there a particular type of volunteer work you are interested in? *(Check all that apply)*

- Client Intake & Assessment/Front Desk Driving General administrative duties
 Public speaking, fundraising, special events, etc. Sorting, boxing & picking client orders in the warehouse
 Other _____

IV. References

A reference check is an important part of the screening process for volunteers at The Mississauga Food Bank. Please include complete information for your references, especially daytime phone numbers, so that your references can be checked in a timely manner. References should not be relatives.

Name _____ Relationship _____

Address _____
Street City Postal Code

Daytime Phone _____ Email _____

Name _____ Relationship _____

Address _____
Street City Postal Code

Daytime Phone _____ Email _____

V. Referred by:

- Self
- Alternative Measures
- Associated Youth, worker's name: _____ Required Hrs: _____
Next Court Date: _____
- Elizabeth Fry, worker's name: _____ Required Hrs: _____
Completed by: _____
- School _____ Required Hrs: _____
- Ontario Works, Worker's name: _____ Worker's #: _____
- ODSP, Worker's name: _____ Worker's #: _____
- Religious Group or Service Club: _____
- Acquired Brain Injury: Worker's Name: _____
- Trillium Health Centre: Worker's Name: _____
- Other: _____

Thank you for applying to become a volunteer at The Mississauga Food Bank.
Please visit our website to learn more about us. Please return your completed application to:

Nikki Sandhu, Manager of Volunteer Programs
The Mississauga Food Bank
36 - 2550 Goldenridge Road
Mississauga, ON L4X 2S3
nikki@themississaugafoodbank.org
905.270.5589 x227 phone | 905.270.4076 fax

I certify that all statements given on this application and all other information provided are true and accurate, and I understand that falsification, omission, or misrepresentation in this or any other record can result in my dismissal. I authorize investigation of all statements contained in this application (and the accompanying resume, if any). I authorize The Mississauga Food Bank to contact listed references.

I understand that due to the nature of services provided by The Mississauga Food Bank, every precaution is taken to ensure that volunteers pose no potential risk to agency clients and employees.

I agree to keep confidential and not disclose to anyone all information acquired which is of a confidential, proprietary, or privileged nature. I hereby agree to sign and abide by any confidentiality agreement presented to me as a volunteer with The Mississauga Food Bank.

Signature of Applicant

Date