



FALL FOOD DRIVE VOLUNTEER APPLICATION

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

Permanent address _____
Street

_____ Telephone _____
City *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. Previous Experience

Previous volunteer or related work experience _____

II. Availability

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

	Saturday October 16	Sunday October 17	Saturday October 23	Sunday October 24
9:30 a.m. to 12:30 p.m.				
1:30 p.m. to 4:30 p.m.				

III. Group Volunteering

If you are hoping to volunteer as a group with other individuals during the same shift, please submit all applications together, and indicate the name of your group/school/organization. Or if you are volunteering as a family, please list the name of all participating family members:

Group Name/Family Members: _____

Group Leader: _____
First Name Last Name

All volunteers 17 years of age and under must have their volunteer waiver form signed by a parent/guardian – This form will be emailed to the volunteer prior to their scheduled shift

Please note any volunteers between the ages of 8 and 14 must be accompanied by an adult

Due to health and safety regulations, children 7 years of age and under are not allowed in the warehouse to volunteer

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