



VOLUNTEER APPLICATION

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

Permanent address _____
Street

City _____ Postal Code _____ Telephone _____

E-mail _____

Current Employer _____

Emergency Contact _____ Telephone _____

Birth date _____

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 | | | |

Special Skills: (Please check the relevant boxes)

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

Training and education _____

Relevant jobs _____

Hobbies, interests, skills _____

Previous volunteer experience _____

II. Availability

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

Days available Monday Tuesday Wednesday Thursday Friday Weekends
Times available Morning Afternoon Evening

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? *(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
- Public speaking, fundraising, special events, etc. General administrative duties
- 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 _____ Daytime phone _____

Address _____
Street City Postal Code

Relationship to reference _____

Name _____ Daytime phone _____

Address _____
Street City Postal Code

Relationship to reference _____

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 Hours: _____
- 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:

Volunteer Coordinator - The Mississauga Food Bank
36 - 2550 Goldenridge Road
Mississauga, ON L4X 2S3
info@themississaugafoodbank.org
905.270.5589 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