

Food and Friends



Supporting Child Nutrition
in Wellington-Dufferin-Guelph

VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Name _____

Home Address _____

City _____ Postal Code _____

Telephone Number () _____ Other _____

E-mail _____

Education:

School Type	Name	Dates

Paid Work Experience:

Company	Position held	Dates

Volunteer Experience:

Skills, hobbies and interests:

Availability:

Summer Fall Winter Spring

Mon Tues Wed Thurs Fri Sat Sun

Morning Afternoon Evening

Location preferred:

School Name: _____

Volunteer Position preferred:

Program Co-ordinator

Food Prep

Administration

Grocery Shopper

Promotion

Fundraiser

I AGREE TO PARTICIPATE IN ORIENTATION AND TRAINING SESSIONS AS REQUIRED AND TO RESPECT THE CONFIDENTIALITY OF ALL INFORMATION I MAY HAVE ACCESS TO.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Interviewed by: _____

Date: _____

Placement: _____

Orientation Date: _____