



First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____ Email: _____

EMERGENCY CONTACT:

First Name: _____ Last Name: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

VOLUNTEER JOB INTEREST: (Please check your top 2 choices)

- Cook Server Buser Driver Data Entry Reception Cashier
- Doorman Janitor Maintenance Security Inventory Special Events
- Health/Safety Dishwasher

SKILLS: (Please check as many that apply)

- Accounting Maintenance Information Technology Driver Customer Service
- Health and Safety Education Reception/Data Entry Inventory Control Public Speaking

AVAILABLE TIME SLOTS: (If you would like to adjust the times please let us know)

Breakfast (8:00am – 11:30am): Monday Tuesday Wednesday Thursday Friday

Food Bank: Tuesday (11:00am – 2:30pm)

WHAT IS YOUR MAIN REASON FOR VOLUNTEERING: (Please check your top choice)

- Develop Skills & Networking Meet New People School Requirement Faith Requirement
- EIA – Rewarding Volunteer Benefit Fine Options Community Service Personal Satisfaction

ADDITIONAL INFORMATION:

Have you volunteered anywhere before? YES NO

If YES, where did you last volunteer? _____

INDIVIDUAL VOLUNTEER FORM – 2

Have you ever been convicted of a crime? YES NO

If YES, please explain the nature of the crime and conviction date. A conviction is not an automatic disqualification of volunteering. Depending on the position you are applying for a criminal record check may be required.

PHOTOGRAPH RELEASE:

Do you give your consent for Agape Table to photograph or film video for the purposes of raising awareness of Hunger and Poverty issues and food, time and money collection? YES NO

EMAIL CONSENT:

Do you wish to receive updates via Email regarding Agape Table activities? YES NO

VOLUNTEER COMMITMENT:

I agree to the following:

- Follow staff directions
- Be respectful to all staff, volunteers, and guests
- Keep all information regarding Agape Table volunteers and guests confidential
- Obey all Agape Table procedures and policies

Initial: _____

RELEASE FROM LIABILITY:

I release Agape Table and all of its agents, employees, and volunteers from any liability regarding any personal loss or injury to myself or my property as a result of volunteering activities.

Initial: _____

If any of the above guidelines are not followed, I understand that I may be asked to leave the premises. I consent to the disclosure and subsequent verification of information on this application form and certify that all information is true and correct to the best of my knowledge.

Signature: _____

Date: _____