

# VOLUNTEER APPLICATION FORM



VOLUNTEER NUMBER: (For office use only)

REGISTRATION DATE: (For office use only)

## PERSONAL INFORMATION (Please complete in full)

FIRST NAME:	LAST NAME:	
ADDRESS:	APT. / UNIT:	
CITY:	POSTAL CODE:	
PHONE: (DAY TIME)	PHONE: (MOBILE)	
DATE OF BIRTH: (IF UNDER 18)	EMAIL:	

- Yes, I would like to receive additional information from CSAGSS including the e-News and program/campaign info.

## EMERGENCY CONTACT INFORMATION

FIRST NAME:	LAST NAME:
PHONE:	RELATIONSHIP:

## WHICH PROGRAM YOU ARE INTERESTED TO VOLUNTEER?

- |  |   |
|--|---|
| <input type="checkbox"/> Food-Pantry@Morningside | <input type="checkbox"/> Tuxedo Court Food Program        |
| <input type="checkbox"/> Youth Program           | <input type="checkbox"/> Youth program                    |
| <input type="checkbox"/> Senior program          | <input type="checkbox"/> Newcomers and employment service |

## Please provide your availability

- Friday:  10:00am to 12:00 pm      Wednesday  10:00am to 1:00pm  
Saturday:  12:00pm to 4:00pm      Thursday  1:30 pm to 4:30 pm  
Weekdays: (Occasional)       11:00am to 1:00pm

**WHY DO YOU WANT TO VOLUNTEER IN THE FOOD BANK /OTHER PROGRAMS**

- Desire to help others
- School graduation requirement
- High School
- University
- Looking for Canadian Experience
- Other: (please specify)
- Court ordered/mandated community service
- Looking for experience in food service industry
- College
- Help with food drives
- Ontario Works (OW) or ODSP

LIST ADDITIONAL SKILLS OR EXPERIENCE:

Would you be willing to help us with translation of other languages?  Yes  No

*If Yes, What language you speak/translate?\_*  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

- |             |               |                         |                 |
|-------------|---------------|-------------------------|-----------------|
| Radio       | TV            | Newspaper               | Flyer/ Local Ad |
| Daily Bread | Word of Mouth | Internet/Social Network | Other: _____    |

**MEDIA RELEASE AND CONSENT:**

I, the undersigned irrevocably consent to and authorities the use by CSAGSS, of my image, voice and/or likeness and CSAGSS has the right to photograph, publish, adapt, exhibit, perform, reproduce, edit, distribute, display, or use my image, voice, and/or likeness in connection with any marketing effort supporting its mission in all media or technology now known or hereafter developed as long as there is no intent to use the image, voice, and/or likeness in a disparaging manner. CSAGSS may exercise these rights itself or through any transferees, licenses, distributors or other parties, commercial or non-profit. I acknowledge receipt of good and valuable consideration in exchange for this release.

- You may also contact me in the future for promotion photograph or possibly to talk to the news media.
- I do not consent

By signing this form, you are agreeing to abide by CSAGSS policies and procedures.

PRINT NAME:	SIGNATURE:	DATE:
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**FOR OFFICE USE ONLY**

Staff Initial: \_\_\_\_\_

INTERVIEW DATE:

POSITION CODE:

COMMENT:

FULLY COMPLETED

Volunteer Agreement

Confidentially Agreement