



# VOLUNTEER APPLICATION FORM

## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## Medical Conditions

Do you have any medical conditions or allergies we need to be aware of? Yes  No

Details: \_\_\_\_\_

## Emergency Contact

Contact Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## Experience

Work Experience \_\_\_\_\_  
 Work Reference \_\_\_\_\_  
 Volunteer Experience \_\_\_\_\_  
 Volunteer Reference \_\_\_\_\_

## Areas of Interest

Are you interested in volunteering as a family? Yes  No  If yes, # children: \_\_\_\_\_ Ages: \_\_\_\_\_

(Please check off all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bottle route pickup | <input type="checkbox"/> Board Involvement            | <input type="checkbox"/> Food delivery to schools        |
| <input type="checkbox"/> Bottle sorting      | <input type="checkbox"/> Fund-raising & event support | <input type="checkbox"/> Maintenance (building, vehicle) |

## Availability

Available time commitment (Please check off all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Weekdays - please specify day(s) & time(s) _____ | <input type="checkbox"/> Casual basis when needed |
| <input type="checkbox"/> Weekends - please specify day(s) & time(s) _____ |   |
| <input type="checkbox"/> Weekly   | <input type="checkbox"/> Every second week        |

## Consent

I, \_\_\_\_\_ hereby give my consent to The Community Lunch Box Society to photograph, and/or videotape, and then use, reproduce, and publish images of me and/or my child/children \_\_\_\_\_ for promotional, informational, or other purposes that are in the interests of the Community Lunch Box Society.

I agree to obtain a Criminal Record Check (if requested by the Society for the agreed-upon position).

I agree to obtain a Driver's Abstract (if requested by the Society for the agreed-upon position).

Volunteer signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_

*The information collected on this form will be held in strict confidence, in accordance with the Community Lunch Box Society's Confidentiality Policy for Employees, Volunteers and Board Members.*

