



**INTERFAITH
FOOD BANK**
SOCIETY OF LETHBRIDGE

**1103 3 AVENUE NORTH
LETHBRIDGE AB T1H 0H7**

Ph: (403) 320 8779

Fax: (403) 328 0521

Email: info@interfaithfoodbank.ca

www.interfaithfoodbank.ca

VOLUNTEER APPLICATION FORM

Name: _____ Today's Date: _____

Address: _____ City: _____ PC: _____

Phone: () _____ Alternate Phone: () _____ Email: _____

Age Group (please check which applies): 17 & Under _____ 18 to 64'ish _____ 65 & Over _____

Birthday (include year if under 18) _____

Do you have any physical or health limitations? _____

If yes, please explain. _____

Occupation & Employer: _____

Volunteer Experience (please explain): _____

Would you be willing to submit to a criminal record check if required? _____

Have you been a client of Interfaith in the past year? _____

How did you hear about Interfaith and its need for volunteers?

Media ___ Walk-In ___ Church ___ Word-of-Mouth ___ Newsletter ___ Other _____

Interfaith Food Bank hours are: Monday to Friday from 8 am to 4 pm and is not open during the evening or on weekends with the exception of occasional Special Events at certain times throughout the year.

Which days of the week are you available? _____

At what times? Morning (8:00 / 9:00 am-Noon) _____

Afternoon (12:30 / 1:00 – 3:30 / 4:00 pm) _____

Special Events _____ On Call _____

What interests you most about volunteering here? _____

What other hobbies and interests do you have? _____

REFERENCES

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

CONFIDENTIALITY AGREEMENT

In signing this application I agree to respect the confidentiality of the Interfaith Food Bank and its programs. I also agree not to discuss or disclose any information on the services and programs provided by Interfaith and/or its clients.

Signed _____ Dated _____

Witness _____ Dated _____