



Volunteer Application

Thank you for your interest in volunteer opportunities at the Lanark County Food Bank. Volunteers are our most valuable resource and we could not operate without you!

All qualified individuals are welcomed at the LCFB. The Food Bank collects the information below to ensure effective communication, volunteer recognition and volunteer safety. Questions may be directed to our office Manager.

Name: _____

Address: _____

Telephone: _____ Email Address: _____

Emergency Contact Information:

Name: _____

Telephone: _____ Relationship: _____

Medical:

Do you have any medical concerns we should be aware of, such as allergies, activity restriction (e.g., no heavy lifting) or other concerns – Y / N.

If yes please describe: _____

The LCFB is a small Food Bank and volunteers are strongly encouraged to assist in all of its daily operation. This may include: Client Service (filling boxes or bags for client orders, acting as a shopping buddy), receiving food donations (weighing, sorting, and stacking items), pickup and delivery of food items (only if agreed upon in advance) and other duties as required.

Community Service Hours

Is this application intended to fulfill community service hours? Y / N

If yes, is this for: School ____ Other ____ Number of hours required ____ By Date: _____

Availability

Volunteer positions are required during our normal working hours and for special events (such as food drives). Please indicate whether you would prefer regular volunteer hours, special event hours or both.

Regular hours _____ Special events _____ Both _____

Signature: _____ Date: _____

(If the Volunteer is a dependent, then the parent or guardian must sign for their charge)

Acceptance: Yes / No Approved by: _____