



## Volunteer Application Form

***\*Must be 16 or older to volunteer without adult supervision\****

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

What days are you available?  Monday  Tuesday  Wednesday  Thursday  Friday

What times are you available?  Mornings  Afternoons

Are you able to stand for significant periods of time? YES NO

Are you able to lift heavy items up to 50lbs? YES NO

Do you have access to your own transportation? YES NO

### YOUR CONTACT INFORMATION

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Community Member

WRDSB/WCDSB Employee

### Do YOU HAVE:

First Aid Training: YES NO

Safe Food Handling Training: YES NO

Police Record Check YES NO

### EMERGENCY CONTACT INFORMATION

Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_

Relation to Volunteer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## COVID-19 Release

At Nutrition for Learning the health and safety of our staff, volunteers and community participants is our top priority. As a result of COVID-19 we are following the recommendations of the Public Health Agency of Canada and our Region and the World Health Organization.

### Volunteer Protocol:

Each volunteer will have their own workstation. Each workstation will be spaced 6 feet apart. A mask will be mandatory while volunteering. Each volunteer will start and finish their shift by sanitizing their workstation.

If you or your family have been impacted by a case of COVID-19, it is mandatory that you report this information to us immediately.

Please avoid volunteer activities with us if you have travelled to an affected area or have been exposed to a case of COVID-19 within the last 14 days.

Please avoid volunteer activities with us if you are sick. If you develop **fever, cough or difficulty breathing**, please call your health care provider or local public health authority.

To protect those around you, wash your hands often, cover your mouth and nose when coughing or sneezing.

I have read and understand the above volunteer protocol.

I hereby release Nutrition for Learning, its staff, Board members and Directors from any and all liability and/or responsibility for any accidents, injuries or illness that I may sustain while I am performing the duties of a volunteer. I understand that as a volunteer I am not covered under Workers Compensation.

Volunteer Name: \_\_\_\_\_

Volunteer Signature; \_\_\_\_\_

Date: \_\_\_\_\_