



Volunteer Application Form

Please note that all applicants must be 14 years or older in order to volunteer (without parental/guardian supervision) with Nutrition for Learning.

Date: _____

First Name: _____

Last Name: _____

Address: _____

Unit/Apt #: _____

City: _____

Postal Code: _____

Please check which contact method is the best way to communicate with you.

Phone: _____

Mobile Phone: _____

Email: _____

Language(s) spoken: _____

What is your usual mode of transportation?

Bus

Car

Walk

Other: _____

Is there a school/church program near you that you wish to volunteer with?

YES

NO

If yes, please indicate which school/church program you would like to volunteer with.

Please check the volunteer role you are applying for:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Breakfast
Program Volunteer | <input type="checkbox"/> Pod Style Meal
Program Volunteer | <input type="checkbox"/> Bin Style Meal
Program Volunteer |
| <input type="checkbox"/> Event Support | <input type="checkbox"/> Board Member | <input type="checkbox"/> Warehouse Volunteer | |

Please check all times that apply to your availability for volunteering:

Please be aware that most programs run in the morning; however, we do have some positions that provide more flexibility.

Days:

- Monday Tuesday Wednesday Thursday Friday

Times Available:

Morning _____ Afternoon _____

Available During:

- September to December January to April April to June School Year (September to June)

How did you hear about Nutrition for Learning? _____

Reference Check Form

Reference Contact Information 1

First Name: _____ Last Name: _____

Phone (Day): _____ E-mail: _____

How does this individual know you? _____ Length of time known: _____

Reference Contact Information 2

First Name: _____ Last Name: _____

Phone (Day): _____ E-mail: _____

How does this individual know you? _____ Length of time known: _____

By providing this information I hereby give permission to Nutrition for Learning staff to contact the above listed references.

Agreement and Signature

It is the policy of Nutrition for Learning to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual orientation, age or disability. I agree to keep confidential all information that I encounter while volunteering with Nutrition for Learning. I understand that if working in a warehouse environment it includes some risk of physical injury. 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. I affirm that I have read the above and that the information I have given above is true and complete.

Signature: _____

Date: _____

Please forward this completed application form, along with a cover letter outlining your interest in volunteering, and a current resume to Erin Sadler, Volunteer Support Manager. Please use the method that best suits you.



495 Waydom Drive, Unit #2
Ayr, Ontario N0B 1E0
Tel: 519-624-5744
Fax: 519-624-5743

esadler@nutritionforlearning.ca

For Office Use Only

Date Application Received:

Date Contacted:

Date Interviewed:

Date Placed: