



Working together to make hunger non-existent in our communities

# VOLUNTEER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

A "Police Check" will be required. We can provide a letter so there will be no cost to you.

### TIMES THAT I CAN HELP:

DAY: MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_ SAT \_\_\_ SUN \_\_\_

FREQUENCY: WEEKLY \_\_\_ MONTHLY \_\_\_ SPECIAL EVENTS ONLY \_\_\_

### WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE HURON COUNTY FOOD BANK DISTRIBUTION CENTRE?

EXPERIENCE: please include any work or volunteer experience that may be applicable. Such as public speaking, computer skills, bilingualism, etc.

### WHICH VOLUNTEER OPPORTUNITIES ARE YOU INTERESTED IN?

Fundraising/Grant writing \_\_\_ Administrative/Office Support \_\_\_ Delivery/Pickups \_\_\_  
Sorting/Shelving \_\_\_ Warehouse \_\_\_ Special Events \_\_\_ Ambassador \_\_\_

### FOR EMERGENCY USE ONLY

EMERGENCY CONTACT: \_\_\_\_\_

RELATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

ANY MEDICAL ISSUES THAT THE OFFICE SHOULD BE AWARE OF:

### OATH OF CONFIDENTIALITY:

As a volunteer with Huron County Food Bank Distribution Centre Inc., I undertake to keep in strict confidence any information acquired by me in the course of my activities for and on behalf of HCFBDC and any affiliated organization or group.

I also understand that HCFBDC maintains strict confidentiality relating to any information pertaining to its donors and I agree to hold any donor information in the strictest of confidence.

Such information, including information concerning program participants and members shall be treated as confidential, unless such information has been expressly released for wider distribution by HCFBDC or the stakeholder. I will not engage in discussion of such information except on a need-to-know basis as required for the appropriate conduct of HCFBDC's business.

I acknowledge that I have an obligation to take all reasonable measures to ensure that such confidential information is not divulged to anyone not bound to respect this confidentiality and to ensure that such information is not used in any way, which might adversely affect the interests of HCFBDC, its donors, members, participants or affiliated organizations.

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