



AGAPE TABLE

Volunteer

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Volunteer Job Interest (Please circle your top 2 choices)

- Cook
- Server
- Buser
- Driver
- Data Entry
- Reception
- Cashier
- Doorman
- Janitor
- Maintenance
- Security
- Inventory
- Special Events
- Health/Safety
- Dishwasher

Skills (Please circle as many that apply)

- Accounting
- Maintenance
- Information Technology
- Driving
- Customer Service
- Health and Safety
- Education
- Reception / Data Entry
- Inventory Control
- Public Speaking

Availability (Please put an "X" on the days you are available)

	Monday	Tuesday	Wednesda	Thursday	Friday
--	--------	---------	----------	----------	--------

			y		
Morning					
Afternoon	CLOSED		CLOSED		CLOSED

What is your main reason for volunteering (Please circle your top choice)

Develop Skills & Networking

Meet New People

School Requirement

Faith Requirement

EIA - Rewarding Volunteer Benefit

Fine Options

Community Service

Personal Satisfaction

Additional Information

Have you volunteered anywhere before? **YES/NO**

If YES, where did you last volunteer? _____

Have you ever been convicted of a crime? **YES/NO**

If YES, please explain the nature of the crime and conviction date. *A conviction is not an automatic disqualification of volunteering. Depending on the position you are applying for a criminal record check may be required.*

<input type="checkbox"/> YES <input type="checkbox"/> NO	Photograph release Do you give your consent for Agape Table to photograph or film video for the purposes of raising awareness of Hunger and Poverty issues and food, time and money collection?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Email Consent Do you wish to receive updates via Email regarding Agape Table activities?
_____ <i>(Initial)</i>	Volunteer Commitment I agree to the following: <ul style="list-style-type: none"> • Follow staff directions • Be respectful to all staff, volunteers, and guests • Keep all information regarding Agape Table volunteers and guests confidential • Obey all Agape Table procedures and policies

<hr/> <i>(Initial)</i>	Release from Liability I release Agape Table and all of its agents, employees, and volunteers from any liability regarding any personal loss or injury to myself or my property as a result of volunteering activities.
---------------------------	---

If any of the above guidelines are not followed, I understand that I may be asked to leave the premises. I consent to the disclosure and subsequent verification of information on this application form and certify that all information is true and correct to the best of my knowledge.

Signature _____

Date _____