GLEANERS FOODBANK (QUINTE) INC.

Volunteer Application

Name: **Age Range:**

Phone Number: **Email Address:**

Mailing Address:

Do you have any health restrictions that we should be made aware of?

Do you have any past volunteer/work experience:

When are you available?

☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday**

Morning ☐ **Afternoon** ☐

Preference of volunteer duties:

Why do you want to volunteer with us?

We require each volunteer to submit a Criminal Record Check, are you willing to apply for one?

How did you hear about us?

When can you start?

Please email your completed application to info@gleanersfoodbank.ca