



VOLUNTEER PROFILE APPLICATION

Thank you for your interest in Second Harvest!

Dedicated and committed volunteers are the backbone of Second Harvest, and are valuable team members in our goal to feed people in need across the Greater Toronto Area. The time commitment can be as great or as little as your schedule permits.

Upon completing this application, send to Marjorie Richards at marjorier@secondharvest.ca or fax to 416-408-2598.

A) **TODAY'S DATE:** _____

B) **PERSONAL INFORMATION** (Complete in full.)

Date of Birth: _____ DD/MM/YYYY

First Name: _____ Last Name: _____

Street Address: _____ Main Intersection: _____

City: _____ Postal Code: _____

Phone (main): _____ Cell: _____ Email: _____

Student Employed Retired Other

C) **EMERGENCY CONTACT INFORMATION** (Complete in full.)

First Name: _____ Last Name: _____ Relationship (e.g., mother, friend): _____

Please check and complete the best way to contact:

Day Phone: _____ Evening Phone: _____ Cell: _____

D) Have you ever been charged or convicted with a criminal offense? Yes No

E) **WHY DO YOU WANT TO VOLUNTEER WITH SECOND HARVEST?** (Check all that apply.)

- Desire to help others
- Put experience in Food Service to use
- Have fun and meet interesting people
- Interest in community involvement
- Put spare time to use
- Ontario Works, ODSP, Social Services, etc.
- Court ordered community service
- School Community Hours
- Help out with events
- Gain Canadian/English experience
- Other (please specify) _____

F) **YOUR AVAILABILITY TO VOLUNTEER**

	Morning	Afternoon	Evening	# of hours/day
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

Expected Duration of Volunteering Commitment (i.e., # of months OR number of hours you wish to complete.): _____

F) **ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR AVAILABILITY?**

G) **HOW DID YOU HEAR ABOUT SECOND HARVEST?** _____

H) **EDUCATION:** _____

I) **LANGUAGES:** _____

J) VOLUNTEER AREA(S) WHICH INTERESTS YOU: (Check all that apply.)

Office/Administrative, could include reception/telephone work, mailings, filing, project support, outbound call projects, data entry, research, and other computer work (*Weekdays, regular business hours*)

Driver's Assistant – accompany our drivers on a Second Harvest truck, helping to pick up food from donors and make deliveries to social service agencies across the Greater Toronto Area. *Must be able to lift a minimum of 30 pounds. (Weekdays 7:45am start; Saturday 8:30am Sunday 9:00am start)*

Volunteer Driver - St. Lawrence Market (must have access to vehicle and valid Driver's License)

EVENTS, including:

Hero Day (February)

Toronto Taste (June)

Turkey Drive (December)

Community Events (ongoing)

Pre-event assistance

Assist on event day(s)

Team Lead (on event day)

Committee Work

Food rescue/collections

Community Ambassador

Youth Opportunities

K) SKILLS & ABILITIES: (This section will help us find the best match between your skills and volunteer opportunities.)

COMPUTER: Word PowerPoint Graphic design Web design

Excel iMIS database Other databases _____

OPERATIONS: lifting to ___ lbs NO LIFTING

ADMINISTRATION: Organizational Human Resources People Management Project Management

Sales/Marketing Writing/editing Public Speaking Communications/PR

L) EXPERIENCE

Additional skills, experience, or training you have which you think may be of use to Second Harvest: _____

Other volunteer experience you may have with other organizations (briefly outline the work you did and when): _____

M) HEALTH & SAFETY

i) **Do you have any health concerns and/or special needs that we should know about prior to assigning you to particular volunteer tasks** (e.g., allergy to food/food ingredients, bad back, etc.) **Yes** **No**

ii) If **YES**, please describe: _____



N: ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT (AODA)

i) **Have you received AODA Training?** Yes No

ii) If **YES**, please provide the date of training: _____

O) Would you like to receive our monthly eNewsletter? Yes No

VOLUNTEER CONFIDENTIALITY AGREEMENT

Second Harvest's mission is to help feed hungry people by picking up and preparing excess fresh food and delivering it daily to social service agencies in Toronto. Our vision is that no one need ever go hungry in the communities we serve.

Second Harvest relies heavily on our volunteers to assist in the day to day operations of our organization. Volunteers may be required to assist in activities including but not limited to office administration, data entry, operations, events, fundraising and driver's assistance. Because we are a charitable organization, all volunteers are required to maintain strict confidentiality. This means that no person shall reveal any information regarding the details of financial documentation or information he/she may become privy to as a consequence of their volunteer activities at Second Harvest unless specifically authorized to do so. In addition, no person shall reveal the identification or source of food donations unless specifically authorized to do so.

PHOTO RELEASE AGREEMENT

I give permission to Second Harvest and/or partners to take photographs/video footage of myself/dependent or obtain information from me throughout the course of an interview. This footage/information will be used to promote the work of Second Harvest.

Yes No

By signing this Application, you are acknowledging that you have read, understood and agree to the terms outlined above.

NAME: _____
Please print in full

SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____
(if 17 years of age or younger)

DATE: _____