



101 D'Amours St., Oromocto NB E2V0G5
Phone 506 357-3461 Email: ofb@nb.aibn.com

VOLUNTEER APPLICATION DATE \_\_\_\_\_

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
Work Telephone: \_\_\_\_\_ May we call you at work? yes no

Please check the area(s) in which you are interested. Regular Open Hours are Mon – Thur 8:30 – 4:00 Friday 8:30 – 2:30

- Food Receiving Area – helping with income/outgoing food Monday – Friday
Client Services – helping to serve our families Tues (10am-7pm) Thur 10am-3pm
Kitchen – helping food prep, preparing school lunch programs, produce cleaning
Administration - answering phones, writing receipts/thank-you's, redirecting information, assist with mail-outs and general office tasks- Monday to Friday
Preferred shift: 8:30am-12:00noon 12:00noon- 3:00pm
Community Garden Driving Truck food pickups Helping with special events Weekdays/ Evenings/ Weekends

Experience & Reason you wish to volunteer:, Special Skills you might bring to the table – please use the back of form if necessary.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Health & Safety Concerns/Limitations if any \_\_\_\_\_

References names, contact information (Please list on Reverse)

The Oromocto Food Bank requires your agreement on the following:

- 1. I understand that confidentiality is fundamental to all programs of the Oromocto Food Bank and I am sensitive to the need for confidentiality. I will not use or disclose in any manner to any third party any information without the prior express written consent of the Oromocto Food Bank.
2. I understand that I am representing the Oromocto Food Bank during my time volunteering and I agree to act in a professional manner at all times.
3. I hereby release and discharge the Oromocto Food Bank, its agents, employees and licensees from any claim or action that I may have with respect to the use of any of the above nor my participation in any related Oromocto Food Bank activities, while volunteering for the Oromocto Food Bank.

I, the undersigned, hereby certify that the stated information is complete and accurate.

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

We respect your privacy. The Oromocto Food Bank collects your personal information to help identify suitable volunteer opportunities for you. Only authorized Oromocto Food Bank staff and/or volunteers access this information.