



Helping To Alleviate Hunger In Peel Region

WORKING
TO ALLEVIATE
HUNGER
IN PEEL

287 Glidden Road, Unit 4 • Brampton, Ontario • L6W 1H9 • Phone/Fax: 905-454-8725 • www.knightstable.org

VOLUNTEER REGISTRATION FORM

PLEASE ATTACH RESUME AND LIST THREE (3) REFERENCES
Mandatory Minimum Three (3) Month Commitment

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: ON Postal Code: _____

Are you over 16yrs of age? Yes No E-mail Address: _____
(Volunteers <16 years must be accompanied by an adult)

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ Other: _____ - _____ - _____

A Police Record Check is required for all programming volunteers will you give permission for this Police Check? Yes No

Current Occupation

Employer: _____ Position: _____

What are your work hours?

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

May we contact you at work? Yes No

If yes, list work number: Phone: _____ - _____ - _____ Extension: _____



Foundation
for Families



Managed by Brampton 9235 Outreach Corporation
Registration #: 132503731RR0001

Education/Training

- High School Graduate
- Some High School (highest grade completed): _____
- College/University, program: _____
- Trade School (specify): _____
- Other training- explain: _____

Do you have any of the following training and/or certificates? If so, please check mark accordingly and provide a photocopy of each document.

- First Aid CPR Non-violent crisis intervention (CPI)
- Food Safety CPIC Check WHMIS Other (list specific details)

Volunteer Experience

Are you presently volunteering with another organization? Yes No

Do you have any previous volunteer experience? Yes No

If yes, list organization(s) and responsibilities:

1. Name of organization: _____

Duties and responsibilities :

2. Name of organization: _____

Duties and responsibilities :

3. Name of organization: _____

Duties and responsibilities :

Skills

Do you speak any languages other than English? Yes No If yes, please list:

What other skills can you share with our organization?

Referred by:

- Self
- Ontario Works, Worker’s name: _____ Worker’s #: _____
- ODSP, Worker’s name: _____ Worker’s #: _____
- School: _____ Required Hours: _____
- Associated Youth, Worker’s name: _____ Worker’s #: _____
 Required Hours _____ Next Court Date: _____
- Elizabeth Fry, Worker’s name: _____ Worker’s # _____
- Alternative Measures: _____
- Worship and/or Service Club: _____
- Other: _____

Availability (please note: hours listed aren’t shift hours, they only indicate approximate time preference)
 Please type “Yes” into the boxes that you will be available. Week days hours are 7:30 am to 6:30 pm.
 Saturday/Sunday/Holidays - Mornings are 7:30-11:30 Afternoons are 11:30-4:30pm

	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday
Mornings 7:30 – 11:30						Mornings 7:30 – 11:30		
Afternoon 11:30 - 3:30						Afternoon 11:30 – 4:30		
Evenings 3:30 - 6:30						No evening shift	No evening shift	No evening shift

Please check mark one or more position that interest you:

- Office Administrative Support
- After School Homework Club
- Family Zone Assistant
- Driver
- Outreach/Special Events Assistant
- Fundraising – Gala Call Center
- Karma Grow Volunteer
- Volunteer Coordinator Assistant
- Server
- NL Breakfast Clubs Volunteer
- Food Preparation
- NL After school Programming
- Dish Washer
- Food Bank Coordinator Assistant
- Floater
- Web Support

(*Please note: Knights Table is not responsible for any lost or stolen articles. Please leave all valuables at home. If you must bring them with you, they must be kept on your person at all times or stored in a locker.)

Signature of Applicant: _____ Date: **dd mm yyyy** ____/____/____

Application Checklist:

- 3 References Copy of Certificates/Diploma Administration Fee
- Resume Volunteer Agreement & Policy Forms Four Page Application

OFFICE USE ONLY (please DO NOT write below this line)

Criminal Police Check: Yes No *Certificate copy in file: Yes No
References checked: Yes No

Reference One:

Reference Two:

Reference Three:

Emergency contact: _____ Relationship: _____
Phone: _____ - _____ - _____

Is there any allergies or medical conditions that we should be aware of? Yes No
If yes, explain _____

Is an EpiPen required, if so where is it kept? _____

Do you have a valid driver's license? Yes No

Do you have access to a car? Yes No

License# and Expiry Date: _____

Orientation date: ____/____/____ Start date: ____/____/____ Vol # _____

Volunteer position: _____ Assigned staff partner: _____

Training program/package needed:

- First Aid CPR Non-violent crisis intervention (CPI) WHMIS
- Food Handling CPIC Check Other (list specific details)