



ORIENTATION DATE:

VOLUNTEER PLACEMENT INFORMATION FORM

Feed the Need in Durham (FTND) is a non-profit, charitable organization that is fighting to end hunger right here in Durham Region. Thousands of local people rely on food banks and soup kitchens to get the food necessary to sustain life. Feed the Need in Durham serves the majority of these people through our member agencies located in neighborhoods across the Region. We believe that the right to food is the right to life.

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Present Address: _____

Mailing Address: _____
(if different from above) _____

Phone: Home _____ Cell _____

Email: _____

Emergency Contact: Name _____ Contact # _____

Relationship to you:

Any health issues or limitations we should be aware of?

Please describe some of your previous work/volunteer experience.

What interests you about being a FTND volunteer?

How did you hear about us?

What type of position(s) would interest you? I.e. warehouse/office/special events& outreach

Please list any education or specialized training that would be an asset to FTND.

Please indicate any of the following skills you possess:

- Warehouse experience
- Forklift experience
- Experience driving trucks (up to 20ft in length)
- Communication / telephone skills, pleasant telephone manner
- Computer skills (*word processing, databases, internet searches*)
- General office skills (*fax, photocopier, multi-line telephone system, organizational skills*)
- Customer Service
- Outreach/Special Events support
- Fundraising

Have you had any training in food handling and/or food safety? If so, please describe.

Availability:

Days: (Office/Warehouse) Mon. Tues. Wed. Thurs. Fri.

Evenings/Weekends: (Events) Mon. Tues. Wed. Thurs. Fri. Sat. Sun

Times: _____

No. of hours: _____

Length of commitment (3 mos., 6 mos., 1 year+) _____

The personal information collected on this form will be used for the purposes of establishing and maintaining volunteer relationship and will not be used for any other purpose or disclosed to any third party.

Signature: _____

Date: _____

Office Use: <input type="checkbox"/> CSO <input type="checkbox"/> OW <input type="checkbox"/> HS <input type="checkbox"/> Student Placement/Co-op Comments:
--