

**Medicine Hat and District  
Food Bank (1992) Association**

532 South Railway Street SE  
Medicine Hat, AB T1A 2V6  
Telephone: (403) 528-4313  
Fax: (403) 528-4381



---

**MEDICINE HAT AND DISTRICT FOOD BANK (1992) ASSOCIATION  
VOLUNTEER APPLICATION**

Full Name: *(include middle initial)* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (Res.) \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

**EXPERIENCE AND BACKGROUND:**

To better understand your skills and personal interests, please provide the following information:

Certificates: ☐ First Aid; ☐ CPR; ☐ Food Safe; ☐ Other: \_\_\_\_\_

**Education and Training:**

---

---

---

**Skills, Interests and Hobbies:**

---

---

---

**Current and Previous Occupation(s):**

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

## Current / Previous Volunteer Experience:

Are you currently serving on any other Boards? If so, which ones?

## AVAILABILITY

When is the most convenient time for you to volunteer?

☐ Morning ☐ Afternoon ☐ Evening

What days can you volunteer?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Other: \_\_\_\_\_

## PLACEMENT PREFERENCE

In order to assist us in matching you with the best available volunteer experience, please indicate which type of volunteer work you would prefer. Check and circle all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Community Membership:</b> | <input type="checkbox"/> Community Relations: advocacy, fundraising        |
| <input type="checkbox"/> <b>Warehouse:</b>            | <input type="checkbox"/> Program Services: partnerships, in-house programs |
| <input type="checkbox"/> <b>Front Stock:</b>          | sorting food, repackaging food   |
| <input type="checkbox"/> <b>Front Counter:</b>        | filling shelves in Choice Room, building hampers (a.m. only)               |
| <input type="checkbox"/> <b>Janitorial:</b>           | assisting clients (p.m. only)  |
| <input type="checkbox"/> <b>General Maintenance:</b>  | vacuuming, dusting, washing floors, cleaning bathrooms, windows, etc.      |
| <input type="checkbox"/> <b>Special Events:</b>       | mowing grass, weeding  |
|   | pancake breakfasts, food drives, casino, golf tournaments, etc.            |

\* Due to the nature of some of our volunteer positions, the Medicine Hat and District Food Bank may require the following background checks be conducted:

a) Criminal Record Check; b) Driving Abstract; c) Confirmation of Professional Designation; d) Child Welfare Check;

## REFERENCES

Please provide the names of two individuals who may speak on your behalf:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

The information contained in this application will be kept confidential and will only be released to the Board of Directors.

Signed: \_\_\_\_\_ Witnessed: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Thank you for your interest in the Medicine Hat and District Food Bank (1992) Association.

# Medicine Hat and District Food Bank (1992) Association

532 South Railway Street SE  
Medicine Hat, AB T1A 2V6  
Telephone: (403) 528-4313  
Fax: (403) 528-4381



---

## Volunteer Confidentiality Agreement

I acknowledge and confirm that as a volunteer I may acquire information about the Medicine Hat and District Food Bank (1992) Association, its clients, staff and volunteers, and about certain matters and things which are of a confidential nature and that such information is the exclusive property of the organization and will remain in the *strictest confidence*.

I understand the names and any other identifying information about the Food Bank clients and volunteers are completely confidential.

I agree not to divulge, publish or otherwise make known to unauthorized persons or to the public any information obtained in the course of this volunteer experience that could identify the person who accesses services from the Food Bank or any other item of a confidential matter.

I understand that I am not to read information and records concerning clients, or any other confidential documents, nor ask questions of clients for my own personal information. This may only be done to the extent and for the purpose of performing my assigned duties as a volunteer of the Food Bank.

The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to: information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, information pertaining to clients, staff or other volunteers.

I also agree to not discuss these same matters after I have left my volunteer position at the Food Bank.

Information concerning any staff member or volunteer will be released to a third party *only by the Executive Director* with prior written consent of the staff member/volunteer. This includes addresses, telephone numbers, etc.

I understand that failure to comply with the confidentiality policies of the Medicine Hat and District Food Bank may result in disciplinary action, including immediate dismissal.

I agree to notify the Executive Director immediately should I become aware of an actual breach of confidentiality or of a situation which could potentially result in a breach, whether this is on my part or on the part of another person.

I confirm that I have read the above statements and agree with them and I will, therefore, adhere to all confidential requirements contained in this agreement or as may be otherwise directed to me in writing by my supervisor as a volunteer.

---

Signature

---

Print Name

---

Date

---

Executive Director or Designate

---

Print Name

---

Date