



# Volunteer Information Sheet (Please Print)

## PERSONAL INFORMATION

Name:  Miss  Mrs  Ms  Mr  Dr \_\_\_\_\_  
FIRST LAST

Address: \_\_\_\_\_  
APT # STREET CITY PROV PC

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
(Please print clearly)

Date of Information Session \_\_\_\_\_ Date of Application \_\_\_\_\_  
Day /Month/Year Day /Month/Year

T-shirt/Jacket Size:  SML  MED  LRG  XL  XXL  3XL

Date of Birth: \_\_\_\_\_  
Day /Month/Year

Health Concerns/Allergies \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Tel (1) Tel (2)

Have you previously done volunteer work with FEED NOVA SCOTIA or one of our Member Agencies?  
 Yes  No

Past/Present Volunteer Experience:

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**AVAILABILITY** *(please check the days/time you are available to volunteer)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Year Round  Summer Only  Christmas Only  Winter Only  Other \_\_\_\_\_

## WORK EXPERIENCE

Are you presently employed?

No  Yes/Full time  Yes/Part time  Student/Full time  Student/Part time  Retired

Employer/School: \_\_\_\_\_ Current Position/Program: \_\_\_\_\_

## EDUCATION/TRAINING

High School  University/College  Other (please specify): \_\_\_\_\_

### Professional trained in the following areas:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Bilingual _____ | <input type="checkbox"/> Carpentry           | <input type="checkbox"/> Counseling               |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Data Entry      | <input type="checkbox"/> Dietetics/Nutrition | <input type="checkbox"/> Driving (large vehicles) |
| <input type="checkbox"/> Electrician         | <input type="checkbox"/> Fund Raising    | <input type="checkbox"/> Graphic Design      | <input type="checkbox"/> Information Mgmt.        |
| <input type="checkbox"/> Information Tech.   | <input type="checkbox"/> Journalism      | <input type="checkbox"/> Legal Training      | <input type="checkbox"/> Licensed Mechanic        |
| <input type="checkbox"/> Marketing           | <input type="checkbox"/> Mediation       | <input type="checkbox"/> Photography         | <input type="checkbox"/> Plumbing                 |
| <input type="checkbox"/> Public Speaking     | <input type="checkbox"/> Research        | <input type="checkbox"/> Teaching/tutoring   | <input type="checkbox"/> Word Processing          |
| <input type="checkbox"/> Video Production    |  |  |   |

## CERTIFICATES:

<input type="checkbox"/> AIR BRAKES	Expiry Date:
<input type="checkbox"/> FIRST AID	Expiry Date:
<input type="checkbox"/> FOOD HANDLING	Expiry Date:
<input type="checkbox"/> FORK LIFT	Expiry Date:
<input type="checkbox"/> WHMIS	Expiry Date:
<input type="checkbox"/> OTHER _____	Expiry Date:

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What area(s) of volunteering would you be interested in (Check all that apply):

OPERATIONS	HR & ADMINISTRATION	DEVELOPMENT	STRATEGIC INITIATIVES & CLIENT PROGRAMS	COMMUNICATIONS
<input type="checkbox"/> Driver	<input type="checkbox"/> Reception	<input type="checkbox"/> Special Events	<input type="checkbox"/> Helpline	<input type="checkbox"/> Writer
<input type="checkbox"/> Driver's Assistant	<input type="checkbox"/> Deposit Clerk	<input type="checkbox"/> Gift Wrap	<input type="checkbox"/> Client Registry Phone	<input type="checkbox"/> Graphic Designer
<input type="checkbox"/> Warehouse Assistant	<input type="checkbox"/> Office Administration	<input type="checkbox"/> Committee Member	<input type="checkbox"/> Client Data Entry	<input type="checkbox"/> Photographer
<input type="checkbox"/> Inventory Data Entry	<input type="checkbox"/> Volunteer Services admin/HR	<input type="checkbox"/> Adopt-A-Family Sponsorship	<input type="checkbox"/> Client Services Calls	
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Information Tech. Assistant		<input type="checkbox"/> Research	
<input type="checkbox"/> Vehicle Maintenance			<input type="checkbox"/> Adopt-A-Family/Client	
			<input type="checkbox"/> Learning Kitchen-Chef	
			<input type="checkbox"/> Interviewer/job search	

## GOVERNANCE

Board Member – please check if you are interested in service on our Volunteer Board of Directors

## ENGAGEMENT & SUPERVISION

Performance Review – please check if you are interested in receiving a formal evaluation

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## REFERENCES (work/volunteer related)

FEED NOVA SCOTIA seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Please provide the names of three references that we may contact (preferably individuals from organizations where you have volunteered or worked currently or previously)

**NAME:** \_\_\_\_\_  
FIRST LAST

**Email:** \_\_\_\_\_

**Phone (daytime):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
FIRST LAST

**Email:** \_\_\_\_\_

**Phone (daytime):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
FIRST LAST

**Email:** \_\_\_\_\_

**Phone (daytime):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**\*\*Please note that some volunteer positions require a police records check\*\***

**I hereby declare that the foregoing information is true and complete to my knowledge and I authorize FEED NOVA SCOTIA to follow up on any information disclosed and to check references:**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date