

**Trenton Cared and Share Food Bank Application
(Weekly Volunteer)**

Name: _____

Date: _____

Address: _____

Postal Code: _____

Date of Birth (yy/mm/dd): _____

Phone: _____

Email: _____

Language (s): French English Both

Availability: Please indicate when you are available

- ☐ Monday 9:30AM-12:30PM
- ☐ Tuesday 9:30AM-12:30PM
- ☐ Thursday 9:30AM-12:30PM
- ☐ Friday 9:30AM-12:30PM

Why are you interested in volunteering at the Trenton Care and Share Food Bank?

What are your expectations related to your time volunteering at The Trenton Care and Share Food Bank?

What other volunteer activities have you participated in?

Who would you like us to contact in case of emergency? Name: Relationship: Phone Number:

Do you have a medical condition that we should be aware of? If yes, please explain:

Please provide two references

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Trenton Care and Share Food Bank Volunteer Waiver

Please read the following carefully prior to checking the box stating that you agree to the outlined declarations and permissions that are required to sign in as a volunteer.

I hereby agree to accept a position as a volunteer for the Trenton Care and Share Food Bank. In so doing, on my/our behalf and on behalf of my/our heirs, executors, estate trustees with or without a Will, administrators, next of kin, successors, and assigns, I execute this Release in favor of the Trenton Care and Share Food Bank, all its directors, officers, employees, agents, servants, contractors, elected, and appointed officials, sanctioning bodies, all persons for whom it is responsible at law and its successors and assigns in consideration of the voluntary participation in the Trenton Care and Share Food Bank events.

At all times, the privacy and dignity of clients, donors, volunteers, and staff will be respected, and the mission, vision, and values of the Trenton Care and Share Food Bank will be followed in accordance with the Trenton Care and Share Food Bank policies, standards, and guidelines.

Collection of Personal Information

I consent to the Trenton Care and Share Food Bank collecting and using my personal information, including but not limited to name, address, telephone number, email address, age, medical information (if I require medical accommodations in my volunteer role or activities), and other information which can identify me. I understand that the Trenton Care and Share Food Bank requires this information to open and maintain an active volunteer file for me.

I understand that Trenton Care and Share Food Bank will not use this information other than communicating to me regarding my volunteering or support of Trenton Care and Share Food Bank and administering the volunteering relationship.

Confidentiality

I agree to hold strictly confidential any information I obtain in the performance of my volunteer duties relating to clients, donors, agencies, workplace accounts, and any other information about the Trenton Care and Share Food Bank that is identified as confidential. Sharing information between volunteers and staff will be done on a need-to-know basis for staff and volunteers to fulfill their responsibilities.

Information relating to clients, donors, workplace accounts, and agencies shall not be related to any individual or agency outside of the Trenton Care and Share Food Bank unless explicitly requested by the Trenton Care and Share Food Bank staff.

When in doubt about the confidentiality of certain information, no disclosure should occur without confirming with the Trenton Care and Share Food Bank staff that such disclosure has been authorized.

Photography

I grant the Trenton Care and Share Food Bank permission to use any photographs or videotape images of me taken in the course of my involvement and to use my name, image, comment(s)

and information regarding my volunteer role, activities, affiliation and city of residence for the Trenton Care and Share Food Bank purposes in any media and territory in perpetuity.

Medical Treatment

In the event of injury or illness while I am under the supervision of the Trenton Care and Share Food Bank, I consent (if I am unable to provide consent or deny consent myself at the time that a decision must be made) to receive, or to have my child or ward who is under the supervision of the Trenton Care and Share Food Bank receive, first aid and/or any further medical attention that potentially may be required to the extent determined by, and at the discretion of the Trenton Care and Share Food Bank staff, emergency medical services, and licensed medical professionals.

Liability

I waive and release any claims for myself, my heirs, executors, and administrators against the Trenton Care and Share Food Bank and any other sponsor or organization involved from any claims or liability for death, personal injury, or property damage of any kind however caused, including any claim or liability arising from the negligence of the Trenton Care and Share Food Bank, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release of Waiver extends to all claims, foreseen or unforeseen, known or unknown.

I declare that I am at least 18 years of age, and all the information provided on this application form and in any other accompanying documents is complete and true in every respect.

I agree that the laws of Ontario shall govern this Release.

I agree that if any portion of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue in full legal force and effect.

I agree that this document constitutes the entire agreement between me and Trenton Care and Share Food Bank relating to its subject matter and that no oral representations have been made that would affect or detract from the enforceability of this Release on its terms as written.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

Trenton Care and Share Food Bank
Confidentiality Agreement (Weekly Volunteer)

It is the policy of the Trenton Care and Share Food Bank that strict confidentiality is maintained by volunteers regarding certain information concerning its operation.

- No information learned about clients that use this facility will be shared.
- No information concerning volunteers/employees will be divulged. This includes addresses, telephone numbers, etc.
- No information will be given out concerning financial matters. This includes donations of money or gifts in kind, salary info, etc.
- Failure to comply with the items listed above will negate our need for your services.

Agreement:

I fully understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service or contact with the Food Bank.

Print Name: _____

Volunteer's Signature: _____

Witness: _____

Date: _____