

Nourish Cowichan Volunteer Application

Volunteer Application

Applicant Information									
Full Name:							Date:		
	Last			First					
Address:	Street Address							Apartment/Unit #	
	City						Prov	Postal Code	
Phone:					E	mail			
Position App Please circle Explain Othe	e and								
·	Deliv	very Fo	od Prep	Garc	dening	Fundraisi	ng Events Pro	cessing Fall Harvest other	
Do you have Food Safe				YES NO				py of your certification	
Do you have a drivers licence									
Due to the nature of our society and the location of the new kitchen located at a school. All volunteers must have a criminal record check. Image: Second check schedule context sche									
				Tell ı	ıs aboı	ıt yoursel	f!		
Please tell us a little about yourself so we can better match you with the right volunteer position.									
Reference	es	_				_	_		
Please prov	vide 2 charact	er referen	ces.						
Full Name:					Relat	ionship:		Phone:	
Full Name:					Relat	ionship:		Phone:	

Signature:

Date:_____