

ROOT CELLAR FOOD & WELLNESS HUB

440 Maple Ave SE
Medicine Hat, AB
T1A 0L3
403-528-4313



VOLUNTEER APPLICATION

Full Name: _____

Preferred Name: _____ Preferred Pronouns: HE/HIM SHE/HER Other: _____

Address: _____ City: _____

Postal Code: _____ Phone (Res.) _____ Phone: (Cell) _____

Email _____ Birth Date: _____

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact: _____

Allergy or Medical Condition: _____

The Root Cellar Food & Wellness Hub has my permission to use my photography and/or video for promotion. I understand that my images may be used in print, online, websites and social media.

YES NO

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/ Previous Volunteer Experience

Are you currently serving on any other non-profit Board of Directors? If so, which ones?

AVAILABILITY

When is the most convenient time for you to volunteer?

Morning Afternoon Evening

What days can you volunteer?

PLACEMENT PREFERENCE

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

<input type="checkbox"/>	Warehouse	Sorting Food, Stocking Shelves, Repackaging Food
<input type="checkbox"/>	Client Shops	Client Support, Scale Advisor,
<input type="checkbox"/>	Garden	Watering Plants, weeding, harvesting vegetables
<input type="checkbox"/>	Janitorial	Vacuuming, dusting, washing floors, cleaning bathrooms, windows, etc.
<input type="checkbox"/>	General Maintenance	Mowing grass, weeding, snow removal
<input type="checkbox"/>	Special Events	Fundraising and community events
<input type="checkbox"/>	Brown Bag Lunch Program	Assist in preparing lunches for school children

Root Cellar Food & Wellness Hub

Confidentiality Agreement

As a Volunteer member of the Root Cellar Food & Wellness Hub, I understand that I may have access to confidential information. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about the organization are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained during my employment/board experience that could identify the persons who access services from the organization.
- I understand that all information obtained or accessed by me during my employment/board involvement is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by office protocol or by a supervisor acting in response to applicable law or court order, or public health or clinical need.
- I understand that I am not to read information and records concerning any confidential documents, nor ask questions to anyone for my own personal information. This may only be done to the extent and for the purpose of performing my assigned duties as staff of the organization.
- I understand that a breach of confidentiality may be grounds for disciplinary action and may include termination of employment/board involvement.
- I agree to notify the Executive Director immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this is on my part or on the part of another person.
- I agree that the statements above apply both “during” and “after” my employment/board involvement with the Root Cellar Food & Wellness Hub and that any infringement by me may be grounds for termination and/or legal action.

Signature

Date

Print Name

Witness – Volunteer Coordinator

Date

Print Name

Root Cellar Food & Wellness Hub

Staff and Volunteer Code of Ethics

- Volunteers and staff must be supportive of the Food Bank philosophy. We require individuals who are committed to helping those less fortunate and who speak positively of the Food Bank to the public. Remember, you are a spokesperson for our organization, and you may be providing an individual or a group with their first impression of the association. We want this to be a positive one.
- All staff and volunteers are required to operate within the Food Bank's Policy and Bylaw guidelines. Please make yourself familiar with both documents.
- All staff and volunteers must maintain a high level of confidentiality. All information acquired while working or serving at the Root Cellar must be kept in the strictest confidence. Those who seek our help have the right to anonymity.
- Staff and volunteers are expected to be dependable, reliable, and punctual. Others are relying on your help. If you are going to be late, please call.
- All staff and volunteers are required to maintain a caring, respectful, and cheerful attitude when dealing with others: clients, staff, and volunteers. We strive for a friendly workplace. Being gracious in our interaction with others will foster team spirit. If you have problems with another individual, please discuss these problems with the Executive Director so agreeable solutions can be found.
- Safety is everyone's responsibility. Safety guidelines are posted throughout the building and listed in the Policy Handbook, so please make yourself familiar with these and use caution at all times.
- All food and non-food products are given to the Root Cellar in trust by donors; and those donors have the right to expect their donation will be given to those in need. Volunteers are not permitted to take non-perishable food items; however, it is our moral obligation to ensure food items are not wasted. Therefore, under the following conditions there may be some exceptions. Those exceptions would include:
 - If the item is in excess and will be discarded unless it is consumed immediately.
 - If it is the end of the week and the items will not likely be consumable by Monday.
 - Excess items, where approval of the Executive Director has been given. If there is an excess of certain items, the volunteer/staff member must receive the Executive Director's approval to remove any of those items.

I acknowledge that I have completely read, understood, and agree to abide by all the terms outlined in the Code of Ethics above.

Print Name

Date

Signature



bloomerang

We have partnered up with Bloomerang to help keep track of our volunteer shifts and hours. Please fill out the form below:

First Name * _____

Last Name * _____

Email * _____

Mobile Phone Number * _____

Date of Birth * _____

By checking this box, you agree to give permission for your information to be shared with Bloomerang. Bloomerang is a secure site and will not share your information with any third-party sites.