



SOUTHWESTERN ONTARIO GLEANERS VOLUNTEER APPLICATION

First Name: _____ Last Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Gender: (Please Circle) Female Male Birthday: Day__ Month: __ Year: _____

Phone: _____ Cell: _____

Email: _____

Volunteer Interests/Skills: _____

Medical Information:

In the event of the need for First Aid assistance or any Emergency please complete the following information:

Please circle one of the following:

Diabetes: Yes/No Epilepsy: Yes/No Heart Conditions: Yes/No Blood Thinner: Yes/No

Allergies: Yes/no IF yes list _____ EPIPEN: Yes/No Other: _____

Emergency Contact Person: _____ Phone: _____

Name (Signature): _____ Date: _____

Volunteer Orientation:

Name tags are provided so volunteers can work on a first name basis.

Lock all valuables away.

We work with equipment and machines that require careful attention for the safety of everyone.

The dicing machine is very sharp and has designated operators. No hands go near the machine. Prepared produce is to be left on restaurant carts for transporting to dicing machine.

Be careful to lift properly.

Knives are to be used properly and only with cutting boards.

Floors get wet. Please move carefully.

At the end of cleanup, floor drains may be removed. Please watch your step.

The warehouse is an active forklift area. Please be mindful of this heavy machinery and stay clear.

I understand the safety issues in volunteering at the Southwestern Ontario Gleaners.

Name (Signature): _____ Date: _____