



Volunteer Application Form

Valuing each person in need, by serving
nutritious lunches with kindness,
Mon-Fri

Name _____ Home phone _____

Cell _____ Vaccinated against Covid: Yes _____ No _____

Email _____

Address _____ Postal Code _____

Contact in case of emergency:

Name _____ Number _____

Volunteered before? Yes _____ No _____ If so where and in what capacity?

Any health concerns of importance affecting your ability to work? Yes _____ No _____

*The following questions provide helpful info; **NOT** a requirement for volunteering at Ozanam.*

Do you have a valid First Aid Certificate? Yes: _____ No: _____

Do you have a valid Food Handler Certification? Yes: _____ No: _____

Do you have experience with large batch cooking? Yes: _____ No: _____

Would you consent to a Criminal Record check, at no cost? Yes: _____ No: _____

*** STUDENT APPLICANTS***

Age _____

Do you need volunteer hours for credit? _____ How many hours? _____

Name of institution _____

Your preferred morning availability includes lunch prepping/serving: 8:30am - 1pm

Are you willing to do cleaning? Yes: _____ No: _____

M _____ T _____ W _____ TH _____ F _____ available on short notice? Yes: _____ No: _____

Preferred hours per day: 5 hrs. _____ 4hrs. _____ 3hrs. _____ 2hrs. _____

We will attempt to contact you via Email within 48 hours of receiving your application. Should you have questions, we will answer them as best we can. Changing needs, laws and public concerns are a challenge to giving specific information. Your information given here is considered confidential by Ozanam.