



Ozanam
Soup
Kitchen

Volunteer Application Form

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

Name: _____
(pls. print)

Address: _____ City: _____

Home Phone #: _____ Cell: _____

Postal Code: _____ Email: _____

If you become an Ozanam Volunteer and an emergency arises, whom should we contact?

Name: _____ Phone/Cell: _____

Have you volunteered before? Yes: _____ No: _____

If yes, where and in what capacity? _____

Are you fully vaccinated for Covid? (2 doses of vaccine required) Yes: _____ No: _____

Do you have a health concern that we should know about? Yes: _____ No: _____

Details: _____

*The following questions provide helpful information; **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: _____

Your morning availability: 8:30am - 1pm

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. The pace of changing need, laws and public concerns is a challenge to giving specific information. Information given here is considered confidential by Ozanam.