

Beacon House Interfaith Society – Volunteer Application

470 Cobequid Road, Lower Sackville, NS

Telephone: Food Bank 864-3025, Retail 864-0547

Name: _____

Address: _____ city: _____

(incl. Postal Code) _____

Phone: Home _____ Work _____ Cell _____

E-mail Address: _____ Birth Date: _____ (year optional)

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Volunteer work experience: _____

Employment experience: _____

References: (Volunteer or Work Related)

Name _____ Position _____ Phone _____

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FOOD BANK AREA

___ Interviewing Clients	Monday	9:00 - 1pm _____	<u>other</u> _____
___ Packaging & Distributing Food	Tuesday	9:00 - 1pm _____	_____
___ Stocking Shelves	Wednesday	9:00 - 1pm _____	_____
___ Unloading Trucks	Thursday	5:00 - 8pm _____	_____
	Friday	9:00 - 1pm _____	_____

RETAIL AREA

___ Sorting Clothes	Monday	8:00 - 2pm _____	<u>other</u> _____
___ Sales Floor	Tuesday	8:00 - 2pm _____	_____
___ Cashier	Wednesday	8:00 - 2pm _____	_____
___ Emptying Bins	Thursday	1:00 - 5pm _____	sorting only
___ Seasonal Boxes	Thursday	5:00 - 8pm _____	_____
___ Boutique Sales	Friday	8:00 - 2pm _____	_____
___ General Help	Saturday	8:00 - 1pm _____	_____

Hours are flexible

We like to have the cashiers available for the open hours on the selected day(s).

PROPERTY AREA

Cleaning: Thursday Morning 9:00 am – 10:30 am _____

Minor repairs _____ Special projects _____

OTHER

___ picking up and delivering items with truck or van
___ donation solicitation
___ volunteer recruitment
___ fundraising
___ other _____

Beacon House Interfaith Society
470 Cobequid Road, Lower Sackville, NS
mailing address: P.O. Box 513, Lower Sackville, NS, B4C 2E2
Telephone: Food Bank 864-3025, Retail 864-0547
email: rowlands@beaconhouses.org

VOLUNTEER AGREEMENT

As a Volunteer, I understand my role and responsibilities as a valuable part of the work of Beacon House Interfaith Society, and I agree to carry out my responsibilities to the best of my abilities.

As I carry out my duties, I may meet any number of Food Bank / Clothing Outlet Clients or Donors who may wish to remain anonymous, I agree to respect the confidentiality of all Beacon House affairs by not sharing or reporting any information.

I understand that all food collected and purchased by Beacon House is intended for the purpose of meeting the emergency needs of our clients.

I understand that all clothing, furniture and miscellaneous items are intended for sale to the general public, any monies made are to be used for the purchase of food and / or operational costs. As a Volunteer, I may buy clothing, furniture and any miscellaneous items for my personal use. I agree to respect the above, which is the mission of Beacon House.

As a result of breaking these ground rules, I will be invited to resign/terminate my Volunteer work with the Beacon House Interfaith Society.

To comply with the Privacy Act, I hereby give permission to Beacon House to collect personal information, for internal use only.

I have read and understand my rights and responsibilities as a Volunteer and agree to participate in the work of Beacon House Interfaith Society in the spirit of these rights and responsibilities.

Volunteer Name (Please Print) Volunteer Signature Date

Signature of Witness

For office use only:

Date Interviewed: _____ Volunteer Agreement signed: _____

Start Date: _____ Assignment: _____

Manager's Signature: _____