



New Volunteer Application

Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Business Number: _____ Fax: _____

E-mail: _____

In case of an emergency please contact:

Name: _____

Address (if different than above): _____

Relationship: _____ Tel: _____ (h) _____ (w)

Are you willing to apply for a Certificate of Conduct? *(Required by most schools, no charge to volunteers)* Yes No

For our volunteer recognition program, can you please provide us with some information?

When is your birthday? Month: _____ Day: _____

What type of volunteer are you?

- Student Teacher
 Parent Community Member

We frequently invite Kids Eat Smart Clubs to send in pictures of the Club in operation. These photos are sometimes used in program promotion, on the KES website or for other development and awareness purposes. Please indicate your preference.

- I grant permission for my photos to be used
 I would prefer not to have my photo used

Where would you like to volunteer?

- KES Club Main Office
 Foundation Event/Fundraising Committee

If you chose KES Clubs then please list your preferred locations: _____

Listed are some of the volunteer duties that are required for the Kids Eat Smart Club; please check all areas in which you are interested:

- | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| Planning Committee/Do-It Crew | <input type="checkbox"/> | Program Coordinator | <input type="checkbox"/> |
| Record Keeping | <input type="checkbox"/> | Set up/clean up | <input type="checkbox"/> |
| Scheduling Volunteers | <input type="checkbox"/> | Shopping | <input type="checkbox"/> |
| Fundraising | <input type="checkbox"/> | Serving Breakfast/Snack/Lunch | <input type="checkbox"/> |

1st choice _____ 2nd choice _____

Certificates/Training: _____

Days available to volunteer: Monday Tuesday Wednesday Thursday Friday

Times available: _____

Please list 2 references from your professional, personal, or volunteer experience. Please do not include family members as references.

Reference 1: Name _____ Relationship _____
Tel _____(h) _____(w)

Reference 2: Name _____ Relationship _____
Tel _____(h) _____(w)

Kids Eat Smart Foundation is committed to quality nutrition programs that follow the School Food Guidelines and promote best practices in safe food handling, food quality and preparation.

As a volunteer at _____ I agree:

- To abide by the rules and policies of this school/community centre and its School District as well as the operating standards and values of the respective Kids Eat Smart Club.
- To participate in training in safe food handling, food preparation, nutrition and standard health guidelines, and agree to abide by these standards.
- To advise the program coordinator or the school or make arrangements with another volunteer, if I am unable to volunteer on my designated day

Signed by volunteer: _____ **Date:** _____

Kids Eat Smart Foundation agrees to:

- Provide opportunities for volunteer training.
- Strive to ensure that Kids Eat Smart clubs are as safe as possible for all involved by providing standards and guidelines for operation.
- Value the important contribution that volunteers make to Kids Eat Smart Clubs and make every attempt to:
 - Provide opportunity for your suggestions and feedback through a toll free number (1-877-722-1996) and through the Kids Eat Smart website: www.kidseatsmart.ca
 - Provide a recognition item for all volunteers annually

Signed on behalf of Kids Eat Smart Foundation _____ **Date:** _____