



Victoria Rainbow Kitchen Society Group Volunteer Application (Continuous)

Please print clearly. Thank you.

Info for Point of Contact:

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City: _____	Email: _____
Postal Code: _____	Org. Name: _____

Preferred method of contact: Home Phone Cell Email
Which day is your group interested in? Monday Tuesday Wednesday Thursday Friday
How often would your group like to volunteer? Weekly Bi-Weekly Monthly Other _____

Tell us a bit about yourself; why you are interested in the Rainbow Kitchen; what skills or experiences you would like us to be aware of (Example: kitchen experience, food safe certification, first aid, whmis).

How many volunteers would you like to participate? 3-6 7-12 Other: _____
Are there any minors in your group or organization? No Yes
 If yes, what ages?

What volunteer areas are most appealing to you? Please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Kitchen Prep (9:00–11:30 AM) | <input type="checkbox"/> Organizing Donations | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Serving Guests (11:45 AM-1PM) | <input type="checkbox"/> Deep Cleaning (PM) | <input type="checkbox"/> Organizing Recycling |
| <input type="checkbox"/> Dishes – In the Kitchen (AM/PM) | <input type="checkbox"/> Wrap Cutlery (AM) | <input type="checkbox"/> Various Seated Tasks |
| <input type="checkbox"/> Sorting Produce | <input type="checkbox"/> Driving/Picking up | <input type="checkbox"/> Sweeping - Indoors (PM) |

Didn't see something that interests you? Let us know what you'd like to do.

We are always recruiting for continuous and committed volunteers!
Would anyone be interested in a Leadership Role, such as: chef, media coordinator, board member, fundraising or another leadership role? No Yes
 If yes, please contact Gigi McKee at operations@rainbowkitchen.ca



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Emergency Contact:

Name: _____ Phone Number: _____

Food Allergies? No Yes (If yes, please list): _____

Nut Allergies? No Yes (If yes, please list): _____

Are there any medical concerns or limitations that we should be aware of?

No Yes (If yes, please list):

Should we be aware of any medications to avoid in an emergency situation?

No Yes (If yes, please list):

Does anyone wear a medi-alert bracelet? No Yes

How did you hear about the Victoria Rainbow Kitchen Society?

Do you give Victoria Rainbow Kitchen Society permission to use your names and photos of the individuals within your group, in the media and/or social media? No Yes

As volunteers we are willing to embrace the following Mission Statement of the Victoria Rainbow Kitchen Society:

TO:

- provide nutritious meals and fellowship throughout the year for those in need.
- create a safe and comfortable environment that enables the building of relationships, community spirit and support networks

Signature of point of contact

Date

Please print your name

OFFICE USE ONLY			
Application Received		Method	
Intake Interview		Who	
First Shift		What	
Follow Up		Who	