



Victoria Rainbow Kitchen Society

Individual Volunteer Application

Please print clearly. Thank you.

Name: _____ **Home Phone:** _____
Address: _____ **Cell Phone:** _____
City: _____ **Email:** _____
Postal Code: _____

Preferred method of contact: Home Phone Cell Email

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

Are you a minor? No Yes If yes, how old are you? _____

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-1 PM) | <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.

Are you interested in a Leadership Role, such as: chef, media coordinator, board member, fundraising or another leadership role? No Yes

If yes, please tell us which role and why you are suited for that role or contact Gigi McKee at operations@rainbowkitchen.ca

When are you available to volunteer with us? (AM between 8am-12pm /PM - between 11am-2pm)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Monday (AM) | <input type="checkbox"/> Wednesday (AM) | <input type="checkbox"/> Friday (AM) |
| <input type="checkbox"/> Monday (PM) | <input type="checkbox"/> Wednesday (PM) | <input type="checkbox"/> Friday (PM) |
| <input type="checkbox"/> Tuesday (AM) | <input type="checkbox"/> Thursday (AM) | <input type="checkbox"/> Holidays |
| <input type="checkbox"/> Tuesday (PM) | <input type="checkbox"/> Thursday (PM) | <input type="checkbox"/> Various special events |



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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): _____

Do you have 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):

Do you 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 name and photos of yourself, in the media and/or social media? No Yes

As a volunteer I am 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

Date

Please print your name

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