

# APPLICATION TO VOLUNTEER WITH THE LANGLEY DISTRICT HELP NETWORK

OPERATING THE ALDERGROVE FOOD BANK, LANGLEY FOOD BANK & FREE STORE

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ The local church I attend regularly is: \_\_\_\_\_  
MM DD YY

I am available on the following days of the week, and at these times:

- \*Morning (9am-12pm)
- \*Afternoon (12pm-2:30pm)
- \*All Day (9am-2:30pm)

\*Please indicate (**M-A**-or **D**) in the appropriate boxes provided below\*

<u>MON</u>	<u>TUES</u>	<u>WED</u>	<u>THUR</u>	<u>FRI</u>
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**NOTE:** Langley Food Bank / Free Store are not available to operate evenings or weekends

\* Please indicate Availability in the box provided below: 3W=3x a week, 1W=once a week, 2M=2x a month, etc...

Commitment Time: \_\_\_3 months \_\_\_6 months \_\_\_12 months or \_\_\_\_\_

In an emergency and as an exception, are you willing to be called outside of your time limits? \_\_\_Yes \_\_\_No

## PERSONAL INFORMATION

PLEASE PRINT CLEARLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PH#: \_\_\_\_\_ CELL or WORK#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE\_\_\_ FEMALE\_\_\_ PHYSICAL CONDITION: \_\_\_\_\_  
MM DD YY

OCCUPATION: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

HOBBIES: \_\_\_\_\_

## PLEASE LIST REFERENCES:

Church Leader/Pastor Name: \_\_\_\_\_ Time Known: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_

Reference 1~Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_

Reference 2~Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_

LANGLEY HELP NETWORK OFFICE HOURS MON-FRI, 8:30am -4:30pm. 604-533-0671  
Located at: 5768 203 St. Langley BC. V3A 1W3 PHONE :( 604)533-0671 FAX :( 604)533-0891 Email:info@langleyfoodbank.com

ALDERGROVE FOOD BANK Tuesdays 604-856-1671

## SKILLS INVENTORY AND PREFERRED JOB LIST:

PLEASE ✓ THE APPROPRIATE CHOICES

### FOOD BANK

- FOOD DISTRIBUTION/BAGGING
- FOOD PACKAGING
- STOCK SHELVES

### KITCHEN/CAFETERIA HELP

- KITCHEN MEAL HELPER
- KITCHEN MEAL PROGRAM (Supervisor/Cook)
- DISHWASHER
- SERVING /BUSSING TABLES

### FREE STORE

- SORTING CLOTHING
- STORE CHECKOUT CLERK
- MINOR MENDING (your home)

### HELP NETWORK OFFICE

- FILING
- COMPUTER DATA ENTRY
- INTAKE INTERVIEWS

### BUILDING AND MAINTENANCE/REPAIR

- HEATING
- ELECTRICAL
- PLUMBING
- CARPENTRY
- PAINTING
- APPLIANCE REPAIR
- JANITORIAL

All Information is Confidential

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE:** An incomplete application will be automatically rejected!

Personal testimony~ Date you became a Christian: \_\_\_\_\_

Please briefly describe your conversion experience:

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How long have you been a member of your local church? \_\_\_\_\_

Other churches you have attended: \_\_\_\_\_

Please briefly describe your current church involvement (i.e. activities/responsibilities):

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What are your personal beliefs about and relationship with:  
God the Father:

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JesusChrist: \_\_\_\_\_

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The Holy Spirit:

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The Bible:

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Please list your work and educational experiences:

Education: \_\_\_\_\_

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Work: \_\_\_\_\_

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Do you have a clean and valid driver's license? \_\_\_Yes \_\_\_No. For how long? \_\_\_\_\_

What classes of vehicles are you permitted to drive? \_\_\_\_\_

Have you ever been convicted of a criminal offence? \_\_\_Yes \_\_\_No If Yes, when and for what charges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer with the Langley Help Network? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous volunteer experience you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific expertise or practical skills can you offer that would benefit this ministry :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions, physical limitations, or addiction problems :

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any drug, alcohol, or psychological problems in the recent past, and what interventions were / are being applied?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank You ☺

## **VOLUNTEER LIABILITY RELEASE FORM**

Everyone offering their services as a volunteer to the Langley District Help Network or to organizations working in cooperation with the Langley District Help Network must agree to RELEASE the Langley District Help Network and any organization working in cooperation with the Langley District Help Network and its employees, representatives, Directors and agents FROM ALL LIABILITY FOR INJURY TO PERSON, PROPERTY and/or reputation, howsoever caused, that may be suffered by that volunteer and from all claims with respect to any services supplied by the volunteer to the Langley District Help Network and or any organization working in cooperation with the Langley District Help Network.

Before you will be able to render any service you will be asked to read and then sign the release. The release is your agreement not to sue or claim for damages against the Langley District Help Network or any organization and their successors and assigns, in the event that when services are provided by you, some damage or injury is caused to you or your property.

### **RELEASE**

I agree to RELEASE, SAVE HARMLESS, and KEEP INDEMNIFIED the Langley District Help Network (hereinafter referred to as "the sponsoring organization") their successors, assigns, directors, officials, servants, employees, agents and representatives from and against ALL CLAIMS, ACTIONS, COSTS, EXPENSES and DEMANDS in respect to death, injury, loss or damage to me or my property howsoever caused, arising out of or in connection with the provision of services by me to the Langley District Help Network and NOTWITHSTANDING that the same may have been contributed or occasioned by the negligence of The Langley District Help Network, the sponsoring organization, their successors, assigns, directors, officials, servants, employees, agents and representatives.

It is understood and agreed by me that in taking this release from me that the Langley District Help Network is deemed to be obtaining this release on its own behalf and on behalf of the sponsoring organization and the successors, assigns, directors, servants, employees, agents and representatives of the Langley District Help Network and the sponsoring organization.

It is also understood and agreed that this agreement is to be binding on myself, my heirs, personal representatives and assigns.

IN WITNESS WHEREOF I have signed this release under seal this \_\_\_\_\_ day of \_\_\_\_\_, YEAR 20\_\_\_\_\_.

Volunteer Applicant Name (PRINT): \_\_\_\_\_

**Volunteer Applicant Signature: X** \_\_\_\_\_

INFORMATION!

PLEASE _____ PRINT _____ THE _____ FOLLOWING	
WITNESSED BY:	
_____	_____
WITNESS PRINT LAST NAME	FIRST NAME
_____	
FULL MAILING ADDRESS OF WITNESS ONLY.	
_____	