



## Kawartha Food Share Volunteer Information

Name:

Phone Number:

Email:

Birthday:

Are you under 18 years old?

If so, a parent's signature is required: \_\_\_\_\_

### Emergency Contact Information:

Name:

Phone Number:

Volunteer Days:

(Select available days)

Monday	Tuesday	Wednesday	Thursday	Friday

Volunteer hours per day:

Approx. hours per week:

Do you have medical issues we should be concerned about? (ex- allergies)

What Interests you about being a Kawartha Food Share volunteer?

**Thank you for all of your hard work in helping end hunger and supplying Peterborough and County with a reliable food source. We appreciate your hard work, and your efforts do not go unnoticed! Without you, what we do would be impossible!!**

