

# CONNECTIONS COFFEE HOUSE VOLUNTEER APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Why are you interested in volunteering for Connections Coffee House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Connections? \_\_\_\_\_

Do you have Food safe training? \_\_\_\_\_

If not, are you willing to attend Foodsafe training if we provide it? \_\_\_\_\_

Do you have any first aid training? \_\_\_\_\_

What day(s) are you available? (please circle)

Tuesdays    Wednesdays    Thursdays    Fridays    Saturdays    Sundays

How many shifts (4 hours) per week will you commit to? One \_\_\_ Two \_\_\_ Other \_\_\_

Which shift(s) are you interested in? (please circle)

6:30 am – 10:00 am    10:00 am – 2:00 pm    2:00 pm – 6 pm    6:00 pm – 9:30 pm

How many months can you commit to? (please circle)

3 months    6 months    9 months    1 year or longer    Other \_\_\_\_\_

Please provide the names and contact information of two references (non-family):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, confirm the information in this volunteer application is correct.

*I understand that a Criminal Record Check will be required for adults over 19 years of age. I understand, and give permission for Brentwood Park Alliance Church to keep a record of my personal information on site and that it will remain confidential.*

Signature of applicant:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent (if under age 19)

\_\_\_\_\_

Date: \_\_\_\_\_