



The Farmworker Hub Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Unit # / P.O. Box #

City Province Postal Code

Phone: _____ Email: _____

WhatsApp: _____ Days Available: _____

Do you have a valid Ontario Driver's licence? YES NO

License # and Insurance Policy #: _____

Previous Volunteer Experience

Organization: _____ Address: _____

From: _____ To: _____ Responsibilities: _____

Organization: _____ Address: _____

From: _____ To: _____ Responsibilities: _____

Tell Us About You

Please provide any further information that you would like us to consider when determining your volunteer placement. Please include why you want to volunteer with us, your specific skills and interests that would benefit us and if you have any physical limitations and/or conditions that may limit your activities.

References

Please list two references we may call, who are not related to you.

Name: _____ Phone: _____
Address: _____ Relationship: _____

Name: _____ Phone: _____
Address: _____ Relationship: _____

Emergency Contact

Name: _____ Phone & Email: _____

Address: _____ Relationship: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____