

Our Mission is to provide a hot, nourishing meal each day of the week to those in need.

- 1. Download and complete the following application form and insert in sealed envelope. Address the envelope to: Soupateria Volunteer Coordinator.
- 2. Drop off at Saint Saviour's Anglican Church mailbox (150 Orchard Avenue) any day of the week.

Name:		
Address:	City/Prov.:	
Postal Code:		
Phone:	Email:	
COVID-19 Vaccination S	itatus:	
If you are involved with	us as a volunteer and an emergency	arises, whom should we contact?
Name:		
Phone:		
Have you volunteered b	pefore? Yes: No:	
If yes, where and in what	at capacity?	
The following questions	are for information purposes only N	IOT a requirement for volunteering at the
Soupateria:		
Do you have a valid Firs	t Aid Certificate?	Yes: No:
Do you have a valid Food Safe Course Certification? Yes: No: Nould you consent to a Criminal Record check, at no cost? Yes: No:		
Days Available: M	_TWTHFSAT _	SUN
Hours per day: 5 hrs: _	Less than 5 hrs: If less, how	many hrs:
How often per month a	re you available to volunteer? 1	2 4 Other
In the event I become a	a volunteer, I agree to uphold the fol	lowing confidentiality practice:
	ity Soupateria Society requires that co y volunteers concerning the Soupater	onfidentiality be maintained with respect to ia, donors, and diners they serve.
I shall not divulge inform	mation obtained in the course of my w	volunteer work to third parties without prio

I shall not divulge information obtained in the course of my volunteer work to third parties without prior consent of the Board of Directors of The Penticton Community Soupateria Society. This includes information pertaining to the financial status and operation of the Soupateria such as budget information, donations of money or gifts in kind and information pertaining to the diners.

No information concerning any volunteer will be divulged without prior written consent of the Board and Volunteer.

Volunteer's Signature