



Today's Date: \_\_\_\_\_

## VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with TEDS. Please complete this application and ensure the finished form is printed out, signed, dated and returned to [teds.adsup2020@gmail.com](mailto:teds.adsup2020@gmail.com).

### 1. PERSONAL DETAILS:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address (If different from above): \_\_\_\_\_  
\_\_\_\_\_

Age range:  16 - 18     18 – 64     65+    Date of Birth: Day \_\_\_\_\_ / Month \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Email address: \_\_\_\_\_

Please indicate Nationality: \_\_\_\_\_

Do You Have Any Physical Condition that May Limit Your Activities?  Yes     No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Who to Notify In Case Of an Emergency?

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

Contact #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 2. Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

Tuesday – Thursday 9:30am – 12:00pm

Specify day(s) if necessary \_\_\_\_\_

Tuesday – Thursday 11:45am – 2:30pm

Specify day(s) if necessary \_\_\_\_\_

Saturdays 9:30am – 1:00pm

### 2. COMMUNITY INVOLVEMENT

Please tell us about any of your current or past volunteerism experiences. Please start with the most recent. If you wish to expand please do so on a separate piece of paper:

<i>Current or Past</i>	<i>Name of Organisation</i>	<i>What do/did you do for the organisation?</i>	<i>Dates</i>

**3. PERSONAL DISCLOSURES**

Do you have any criminal convictions?  Yes  No

If yes, please explain: \_\_\_\_\_

ii) Have you ever or are you currently subject to any criminal proceedings?  Yes  No

If yes, please explain: \_\_\_\_\_

**Agreement to Serve**

As a volunteer, I understand my role and responsibilities are a valuable part of the work of The Eliza DoLittle Society, and I agree to carry out my responsibilities to the best of my ability. As I carry out my responsibilities, I may meet any number of food bank clients or donors who wish to remain anonymous. Accordingly, I agree not to disclose any confidential information acquired during my volunteer service with The Eliza DoLittle Society to any third party either during my service with The Eliza DoLittle Society or after my service with The Eliza DoLittle Society has ended. This is in recognition of the potentially embarrassing and difficult situations our clients maybe facing, and also demonstrates respect for those who support this agency.

I also understand that all food collected by The Eliza DoLittle Society is intended solely for the purposes of meeting the emergency needs of clients of The Eliza DoLittle Society member agencies.

I agree to respect the needs of those we serve by not expecting or taking any food for my own personal use. As a result of breaking these ground rules, I will be invited to resign/terminate my volunteer services with The Eliza DoLittle Society.

I have read and understand my rights and responsibilities as a volunteer and agree to participate in the work of The Eliza DoLittle Society in the spirit of these rights and responsibilities.

**Statement of Accuracy**

The information supplied in this application form is accurate to the best of my knowledge, information and belief.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Dated: \_\_\_\_\_



Today's Date: \_\_\_\_\_

## VOLUNTEER CONFIDENTIALITY AGREEMENT

The mission of The Eliza DoLittle Society (TEDS) is to alleviate hunger and reduce food wastage in Bermuda by rescuing and distributing food to Bermuda's hungry. Our vision is that we believe in a Bermuda where no person should have to go hungry.

TEDS relies on its volunteers to assist in the day to day operations of the organization, fundraising efforts, driving and occasionally assisting at one of the sponsored Feeding Centres.

Due to the nature of the assistance that we provide, all volunteers are required to exercise confidentiality.

This means no person should reveal any of the following information outside the organization:

- Details of financial documentation or information of which he/she may become aware as a consequence of volunteer activities unless specifically authorized to do so.
- The identification or source of food donations
- The identity of any individuals or groups of people collecting groceries and/or receiving support from our organization

**NOTE** Taking photographs of clients at the Food Bank is strictly prohibited.

By signing this Agreement you acknowledge that you have read, understood and agree to the terms outlined above.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Dated: \_\_\_\_\_