



Ontario Christian Gleaners

Volunteer Information

Please send me Gleaners updates (you may withdraw consent at any time) email 12x/year Mail 4x/year

First Name: _____ Last Name: _____

Phone: _____ Cell: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Medical Information: (please check all that apply and list medications required)

Allergies (please list) _____

Diabetes _____

Epilepsy _____

Heart Conditions _____

Other _____

Emergency Contact Person: _____ Phone: _____

Volunteer Orientation:

Wash hands each time you enter the food processing areas.

Nametags are provided so volunteers can work on a first name basis.

Lock all valuables in **vehicle**.

Closed toe **shoes** must be worn throughout the building & **long hair** must be tied back or use a hair net

Knives are to be used properly and only with cutting boards and stored in knife block when not in use.

Be careful to **lift properly**.

Prepared produce is to be left on tables to be collected for dicing. Please keep **pails off the floor**. Floors get wet. Please move **carefully**.

We work with equipment and machines that require careful attention for the safety of everyone. **Only** those **certified/licensed** are to operate them.

The dicing machine is very sharp and has designated operators. **No hands** go near the machine.

The warehouse is an active **forklift area**. Please be mindful of this heavy machinery and **stay clear**.

Clean up is very important. ALL volunteers work together at the end of the morning to help.

I understand the safety issues in volunteering at the Ontario Christian Gleaners.

Name

Date