



Passover
Food Drive



National Council of Jewish Women of
Canada, Toronto
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www.passoverfooddrive.org

Volunteer Form

Thank you for volunteering to be a part of the Passover Food Drive Volunteer Team. Please complete the information requested and we will contact you to confirm a volunteer time. We look forward to working with you.

Volunteer's General Information

Last Name: _____ First Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____ Date of Birth: _____

Address: _____

Gender: Male Female City: _____ Province: _____ Postal Code: _____

Emergency Contact Information

Last Name: _____ First Name: _____

Primary Phone #: _____ Secondary Phone #: _____

I Am Interested In

- School Packing Warehouse Supervising Warehouse Packing Driving (Delivery Day)
 School Ambassador Synagogue Fundraising Synagogue Ambassador PFD Ambassador

Guardian's Consent

If you are under 18 years of age, please have a parent or guardian fill out the form below and send it to us by email or direct mail.

Last Name: _____ First Name: _____

Relationship to Volunteer _____ Signature _____