

**Second Harvest Food Bank of Northwest North Carolina
Volunteer Application and Release of Liability**

(Please print)

Name _____ Group Name _____

Address _____

City _____ State _____ Zip Code _____ Birthday ____ / ____ / ____

Email _____ Phone _____ Other _____ Fax _____

Emergency Contact: Name _____ Relationship _____

Phone _____ Work _____ Other _____

Employment History:

Currently Employed at _____ Title _____

Retired from _____

Other _____ Student at _____

Volunteer Experiences (include current and previous activities/organizations) _____

Why do you want to volunteer with the Second Harvest Food Bank of NWNC? _____

Have you ever been convicted of a misdemeanor or felony? Conviction is not an automatic barrier to volunteering with Second Harvest Food Bank of NWNC. If yes, please explain. _____

How did you become aware of volunteer opportunities at the Second Harvest Food Bank of NWNC?

- | | | | |
|--|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> United Way | <input type="checkbox"/> www.volunteermatch.org | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Workplace | <input type="checkbox"/> Church | <input type="checkbox"/> www.hungernwnc.org | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Speaking Engagement | <input type="checkbox"/> TV | <input type="checkbox"/> www.getinvolvedwinstonsalem.org | <input type="checkbox"/> other _____ |

Is there any medical history we should be aware of in case of an emergency? _____

CERTIFICATION

I certify the information provided is accurate and complete

Volunteer Signature Date

Parent Signature (if under 18 years) Date

Volunteer Placement Data

Indicate your availability:

During emergencies once per month twice per month

Once per week: Indicate day and time available:

- | | | |
|-----------|----------------------------------|------------------------------------|
| Monday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon |
| Tuesday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon |
| Wednesday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon |
| Thursday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon |
| Friday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon |

Weekends (available on occasion)

(Continue)

I am interested in volunteering in the following areas: (check all that apply)

- Warehouse:** general sorting food distribution
- Office Work:** general filing mailings phones
- Agency:** courtesy calls Internet research filing mailings
- Donations:** fundraising food drives
- Events:** Empty Bowls Golf Tournament
- Other Areas:** landscaping maintenance

RELEASE OF LIABILITY

Being the undersigned individual, I acknowledge that I will be engaged in volunteer service in the form of special events, warehouse, office and related duties for the Second Harvest Food Bank of Northwest North Carolina (SHFBNWNC). I agree to perform volunteer duties to which I am assigned to the best of my ability and in a professional manner. I am aware that volunteering at the SHFBNWNC involves certain risks, which may include bodily injury and property damage. Therefore I acknowledge and agree as follows:

RELEASE:

The SHFBNWNC is not responsible for any accident, injury, damage, loss or liability incurred by me, while volunteering services for SHFBNWNC or as part of a SHFBNWNC project. I agree not to hold SHFBNWNC and its former or current directors, Board of Directors, employees, agents, predecessors, successors, assigns, representatives, attorneys, subsidiaries, and affiliates responsible for any and all liability, lawsuits and/or claims which may arise from or otherwise be connected with a SHFBNWNC project or volunteer service, including but not limited to any physical injury, or other injury or damage to me or my property, whether occurring on or off the premises owned or operated by the SHFBNWNC. I acknowledge that I will take part in heavy lifting up to 50 pounds.

INSURANCE:

I understand the SHFBNWNC has limited medical liability insurance. I am solely responsible for ensuring that I have adequate coverage for any injuries or damages sustained by me while volunteering with the SHFBNWNC.

PHOTOGRAPH/AUDIO VISUAL RELEASE:

I agree that the SHFBNWNC may photograph me and/or record my voice and image, (collectively, "image") and use my image and/or statements for advertising, publicity, display, publication or other promotional purposes. I agree that the SHFBNWNC shall have the unrestricted right to choose the media (print publications, television, radio, Internet, or other media) for display of my image. I warrant that I have not limited the use of my photograph, voice and/or name to the use of any organization or person.

Volunteer Signature

Date

Parent Signature (if under 18 years)

Date

Administrative Use Only:
_____ ID number
_____ Date entered
_____ Orientation/Handbook
_____ Initials