



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

Thank you for your interest in volunteering with us!
Please complete your volunteer application then contact Tammy DeCicco,
our Volunteer Coordinator, to schedule a time to be with us. You can reach
her at 336.784.5770 or tdecicco@secondharvest.org.



Personal Information: (please print)

Name: _____ Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ DOB ____/____/____

Email: _____ Phone: (H) _____ (C) _____ Fax _____

Emergency Contact Name: _____ Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Work Experience (Current Employer): _____ Title: _____

(Retired): _____ Title: _____

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

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

Have you ever been convicted of a crime other than minor traffic violation? _____ Yes _____ No

If yes, please explain: _____

Conviction is not an automatic barrier to volunteering with Second Harvest Food Bank.

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

Work Interest: Check all that apply

_____ Warehouse

_____ Office/Administrative

_____ Special Events

Schedule Preferences:

Days of the Week: M T W Th F (select one or more)

AM: 9 a.m. - 1 p.m. _____ PM: 2 p.m. - 4 p.m. _____

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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 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:

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 SHFBNWNC. I acknowledge that I will take part in heavy lifting up to 50 pounds.

INSURANCE:

I understand 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 SHFBNWNC.

PHOTOGRAPH/AUDIO VISUAL RELEASE:

I agree that 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 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