

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

Please complete and fax to Harriet Rhodes at 336.784.7369

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 _____

___ Student at _____

___ Other _____

Volunteer Experiences (include current and previous activities/organizations)

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

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

| | | | |
|-------------------------|----------------|--|-----------------|
| ___ Friend | ___ United Way | ___ www.volunteermatch.org | ___ Newspaper |
| ___ Workplace | ___ Church | ___ www.hungernwnc.org | ___ Radio |
| ___ Speaking Engagement | ___ TV | ___ www.getinvolvedwinstonsalem.org | ___ other _____ |

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

Volunteer Placement Data

Indicate your availability:

___ During emergencies

___ Once per month

___ Twice per month

___ Once per week: Indicate day and time available:

Monday ___ morning ___ afternoon

Tuesday ___ morning ___ afternoon

Wednesday ___ morning ___ afternoon

Thursday ___ morning ___ afternoon

Friday ___ morning ___ afternoon

___ Weekends (available on occasion)

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

Warehouse: ___ general ___ sorting food ___ grading eggs ___ distribution

Office Work: ___ general ___ filing ___ mailings ___ phones

Agency: ___ courtesy calls ___ creating recipes ___ shopping assistant

Donations: ___ fundraising ___ food solicitation ___ food drives

Publicity: ___ graphic design ___ writing ___ media watch ___ speaking

Events: ___ Empty Bowls ___ Golf Tournament
Other Areas: ___ carpentry ___ 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. 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 SHFBWNWC involves certain risks, which may include bodily injury and property damage. Therefore I acknowledge and agree as follows:

RELEASE:

The SHFBWNWC is not responsible for any accident, injury, damage, loss or liability incurred by me, while volunteering services for SHFBWNWC or as part of a SHFBWNWC project. I agree not to hold SHFBWNWC 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 SHFBWNWC 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 SHFBWNWC. I acknowledge that I will take part in heavy lifting up to 50 pounds.

INSURANCE:

I understand the SHFBWNWC 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 SHFBWNWC.

PHOTOGRAPH/AUDIO VISUAL RELEASE:

I agree that the SHFBWNWC 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 SHFBWNWC 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 |
|---|