

VOLUNTEER APPLICATION AND RELEASE OF LIABILITY

Please Print

Name/Group Name: _____ Phone: _____
 Address-City/State/Zip: _____
 Email: _____ Birthday: _____
 Emergency Contact Name: _____ Phone: _____

EMPLOYMENT HISTORY

Currently Employed at: _____ Title: _____
 Retired from: _____ Work #: _____
 Student at: _____
 Other: _____
 Volunteer Experience (include current and previous activities/organizations):

Have you ever been convicted of a misdemeanor or felony? (Conviction is not an automatic barrier to volunteering at API SHFB.) If so, please explain:

How did you hear about volunteer opportunities at API SHFB?

Friend Housing Agent Another volunteer engagement
 Workplace Church Online
 Speaking Engagement TV/Radio Other

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

INDICATE YOUR AVAILABILITY

Monday	<input type="checkbox"/> 8 AM – 12 PM	<input type="checkbox"/> 12:30 PM – 3:30 PM
Tuesday	<input type="checkbox"/> 8 AM – 12 PM	<input type="checkbox"/> 12:30 PM – 3:30 PM
Wednesday	<input type="checkbox"/> 8 AM – 12 PM	<input type="checkbox"/> 12:30 PM – 3:30 PM
Thursday	<input type="checkbox"/> 8 AM – 12 PM	<input type="checkbox"/> 12:30 PM – 3:30 PM
Friday	<input type="checkbox"/> 8 AM – 12 PM	<input type="checkbox"/> 12:30 PM – 3:30 PM
Saturday	<input type="checkbox"/> 8 AM – 12 PM	

VOLUNTEER PLACEMENT DATA:

Warehouse: _____
 Administrative: _____
 Agency: _____
 Donations: _____

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 Southeast North Carolina (SHFB). I agree to perform volunteer duties to which I am assigned to the best of my ability in a professional manner. I am aware that volunteering at the SHFB involves certain risks, which may include bodily injury and property damage. Therefore, I acknowledge and agree as follows:

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

INSURANCE:

I understand that API SHFB 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 SHFB.

PHOTOGRAPH/AUDIO VISUAL RELEASE:

I agree that the API SHFB 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 API SHFB shall have the unrestricted right to choose the media (print publications, television, radio, Internet, 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.

I certify the information provided is accurate and complete.

I understand and agree to the above terms.

I, parent or guardian, understand and agree to the above terms on behalf of the applicant (if under 18).

Volunteer Signature/Parent Signature

Date

Name of child, if under the age of 18