

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 Number: _____
Student at: _____
Other: _____

Volunteer Experience (include current and previous activities/organizations)

Why do you want to volunteer with Second Harvest Food Bank of Southeast North Carolina?

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

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

Friend Housing Agent volunteermatch.org Newspaper
 Workplace Church Habitat for Humanity Radio
 Speaking Engagement TV Court/Judicial System Other

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

INDICATE YOUR AVAILABILITY:

Monday 8 AM - 12 PM 12:30 PM - 3:30 PM
Tuesday 8 AM - 12 PM 12:30 PM - 3:30 PM
Wednesday 8 AM - 12 PM 12:30 PM - 3:30 PM
Thursday 8 AM - 12 PM 12:30 PM - 3:30 PM
Friday 8 AM - 12 PM 12:30 PM - 3:30 PM
Weekends Available on occasions
 One Saturday per month: 8 AM - 12 PM & Special Events

VOLUNTEER PLACEMENT DATA:

Warehouse: general sorting food distribution re-packing
Office Work: general filing mailings spreadsheets
Agency: courtesy call internet research monitoring visits hunger study
Donations: fundraising food drives price soliciting hosting food drives
Events: HOC golf tournament bowl-a-thon open house agency conference
Other Areas: landscaping maintenance grant research mobile food pantry community garden

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 and 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:



GENERAL RULES & GUIDELINES:

SHFB maintains a strong policy of providing equal volunteer opportunities. We recruit, accept, train, promote, and dismiss volunteers on the basis of personal competence and position performance, without regard to race, creed, color, religion, sex, sexual orientation, age, marital status, or handicap.

It is extremely important to adhere to the following rules in order to be a part of a healthy and safe environment.

- Volunteers must enter and leave through the front door.
- Volunteers must sign in when they arrive and sign out when leaving.
- Follow the instructions of your supervisor and SHFB staff.
- Please do your best to make a courtesy call 24 hours in advance if you are unable to keep your commitment, especially when volunteering for special events or shifts.
- Dress is expected to be appropriate. Nothing that may be a safety hazard will be permitted (i.e. loose fitting clothing or jewelry, open-toed shoes, sunglasses).
- Coats and personal belongings must be hung in designated areas or lockers if available (SHFB is not responsible for lost or stolen items.).
- No eating or drinking in the warehouse, except for the break room or outside.
- No cell phones or MP3 players in the warehouse.
- No volunteer may report to SHFB under the influence of alcohol or any other mind altering drug or substance.
- Smoking is only allowed outside in areas 25 ft. from the building.
- No personal phone calls. Phones are available for emergency use only.
- Theft will result in immediate dismissal and potential legal action.
- No forms of harassment will be tolerated. SHFB is committed to providing a work environment where all individuals can work together comfortably and productively, free from all forms of harassment, sexual or otherwise.
- Behave in a safe and responsible manner. Rude and insubordinate behavior toward SHFB staff or other volunteers will not be tolerated.
- Any issues that arise that your supervisor cannot address will be addressed by a department manager.
- Access to the ASPIRE Resource Center cannot be granted until after volunteer service is completed for that day.

RELEASE:

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

INSURANCE:

I understand that 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 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 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

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