



VOLUNTEER APPLICATION

NAME:	LAST:	FIRST:
Please check one:	<input type="checkbox"/> New Volunteer OR <input type="checkbox"/> Continuing Volunteer since _____ (year)	
GROUP OR ORGANIZATION:		
PHONE:	DAY:	EVE:
EMAIL:		
ADDRESS:		
CITY, STATE, ZIP:		
BIRTHDATE:		
Please indicate which times you are available to volunteer:	Volunteer hours are Mondays through Fridays (from 9 am to 3 pm) and Saturdays (from 9 am to 12 pm) MORNING: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT AFTERNOON: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI	
Please indicate which volunteer programs you are interested in:	<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> CLOTHES CLOSET <input type="checkbox"/> FRONT DESK (phones / data entry / filing) <input type="checkbox"/> LARGE DONATION PICK UP/DELIVERY (on call) <input type="checkbox"/> THANKSGIVING BOX DISTRIBUTION <input type="checkbox"/> RUN 4 HUNGER <input type="checkbox"/> KID CAN FOOD DRIVE <input type="checkbox"/> HARVEST OF HOPE DINNER <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> OTHER: _____	
Special Skills, Interests, or Qualifications:		
Previous Volunteer Experience:		
Are you bilingual?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what language(s)? _____	
Have you been convicted of a felony?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
EMERGENCY CONTACTS:	Name: _____ Phone: _____ Name: _____ Phone: _____	

By completing this form, volunteer agrees that s/he has received and accepted the Volunteer Policies and Procedures.
 It is the policy of Elk Grove Food Bank Services to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
 Thank you for your interest in volunteering with Elk Grove Food Bank Services.

ELK GROVE FOOD BANK SERVICES

WAIVER & RELEASE OF LIABILITY

Last Name: _____ First Name: _____

Day Phone: _____ Email: _____

This release and waiver of liability releases Elk Grove Food Bank Services, a non-profit organization existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Elk Grove Food Bank Services.

1. Volunteer understands that the scope of Volunteer's relationship with Elk Grove Food Bank Services is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Elk Grove Food Bank Services will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Elk Grove Food Bank Services. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Elk Grove Food Bank Services and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Elk Grove Food Bank Services. I understand and acknowledge that this Release discharges Elk Grove Food Bank Services from any liability or claim that I may have against Elk Grove Food Bank Services with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Elk Grove Food Bank Services or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Elk Grove Food Bank Services does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim or compensation or liability on the part of Elk Grove Food Bank Services beyond what may be offered freely by Elk Grove Food Bank Services in the event of such injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Elk Grove Food Bank Services from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with any emergency during my tenure as a volunteer with Elk Grove Food Bank Services.
4. Assumption of Risk: I understand that the services I provide to Elk Grove Food Bank Services may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and release Elk Grove Food Bank Services from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.
5. Photographic Release: I grant and convey to Elk Grove Food Bank Services all right, title and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Elk Grove Food Bank Services in connection with my providing volunteer services to Elk Grove Food Bank Services.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause of provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. I understand that this Release and Waiver of Liability will remain in effect until revoked in writing by me.

By signing below, I express my understanding and intent to enter into this Release & Waiver of Liability willingly & voluntarily.

Signature

Date

Parent/Guardian Signature if under 18

Date

FOR OFFICE USE ONLY

Contacted by: _____ Photo Release: Y or N Date Rec'd: _____

Handbook Acknowledgement: _____ Date of Orientation: _____ Date Confirmation Sent: _____