



Volunteer Application/Agreement

Name: _____ Month/Day of Birth (Optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Volunteer Preferences (See "Volunteer Opportunities and Schedule" attached):

Do you prefer working: Alone In Small Groups (2-6 people) In Large Groups (6+ people)

Do you prefer opportunities: Behind the Scenes One-On-One In Public Settings

When are you available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8 a.m. - 12 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12 p.m. - 4 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (4 p.m. - 8 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have specific times/days that interest you most? _____

Which Volunteer Opportunities are of interest to you (mark all that apply):

- Re-pack, sort, label food
- Pack food for our programs
- Sanitize and keep our facility food safe
- Support our Food Shelf
- Support our Mobile Food Pantry Program
- Support our Nutrition Assistance Program for Seniors
- Deliver food to seniors as part of NAPS
- Deliver food to schools as part of Backpack Program
- Office – data entry, filing, calls, mailings
- Special Events/Awareness – committees, events, etc.

Emergency Information:

Emergency Contact: _____ Telephone: _____

Primary Physician: _____ Hospital Preference: _____

Do you have any physical limitations (stand, lift, bend)? Yes No Describe: _____

If applicable, please complete the following:

Are you required to complete community service hours? Yes No

If yes, how many hours? _____ Are the hours Court Ordered School Related Other

Have you been convicted of a crime in the last five years Yes No

If yes, what was the nature of the conviction? _____



Waiver, Release and Confidentiality Agreement

I hereby release, indemnify and hold harmless Second Harvest Northern Lakes Food Bank (SHNLFB), its officers, employees, successors, assigns, legal representatives, organizers, sponsors and supervisors of its activities, from any and all claims, causes of action and liability arising from or in any way connected with my volunteer participation with the SHNLFB.

I further understand that I am expressly assuming all risk, including but not limited to all risk of injury associated with my volunteer participation at Second Harvest Northern Lakes Food Bank or in activities conducted off-site. I hereby expressly and specifically assume the risk of injury or harm in the Activities and release released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability, or other insurance cover for any slipping or falling; transporting and lifting; travel to or from the volunteer site; exposure to allergens in the environment including food and nuts; forklifts and other light industrial equipment; and, general risks associated with a warehouse environment. I further understand I am not considered an employee of Second Harvest Northern Lakes Food Bank and therefore am not covered by Second Harvest Northern Lakes Food Bank's Workers' Compensation policy. Second Harvest Northern Lakes Food Bank is not responsible for lost or stolen items.

I further understand that Second Harvest Northern Lakes Food Bank has developed and uses and will be developing and using confidential and proprietary information and in connection with carrying out its mission. "Confidential and proprietary information" includes, but is not limited to, information about computer programs or systems, donors, volunteers, clients, prospective clients, revenues, reimbursements, suppliers, personnel, pricing, policies, operational methods, technical processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public.

I further understand, for good and valuable consideration, I hereby authorize Second Harvest Northern Lakes Food Bank, its partners, Feeding America, and news media to record my name, likeness, image, voice and performance on film, tape or otherwise ("Material"). I agree that the materials may be edited as desired and used in whole or throughout the world in perpetuity. I understand and agree that the Materials may be used in any materials or project at Second Harvest Northern Lakes Food Bank's sole discretion. I understand that I have no rights to the Project, Materials and any other products or benefits derived therefrom. I expressly release Second Harvest Northern Lakes Food Bank from any and all claims arising out of use of the Materials.

I further understand that during and after my volunteer term with Second Harvest Northern Lakes Food Bank I shall keep secret all confidential and proprietary information and not reveal or disclose it to anyone outside of Second Harvest Northern Lakes Food Bank; I shall keep confidential all information related to volunteers, donors, clients and employees; I shall not make use of any such confidential and proprietary information for my own purposes or the benefit of anyone other than Second Harvest Northern Lakes Food Bank.

I also understand that Second Harvest Northern Lakes Food Bank does not permit volunteers who have been convicted of violent crimes, crimes of sexual nature, a theft-related felony, felony level offenses (or higher) that have occurred within the last five years, or a crime whereby the conviction relates to the volunteer position.

I represent that I have the right to enter into this Agreement and that my participation and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity. By signing this Application/Agreement I acknowledge that I have read, understand and accept its terms.

Youth, age 17 or under, must complete and return a Parent/Guardian Authorization for Volunteer Service form prior to service.

Volunteer Signature

Date



Second Harvest Northern Lakes Food Bank
Youth – Parent/Guardian Authorization for Volunteer Service
(Must be completed for each volunteer age 17 or under)

By signing this Parent/Guardian Authorization for Volunteer Service release, I acknowledge that I received a copy of Second Harvest Northern Lakes Food Bank’s Waiver, Release and Liability Agreement, and that I have read, understand and accept its terms on behalf of my child/guardian.

I, the undersigned, grant permission for my child/guardian to volunteer with Second Harvest Northern Lakes Food Bank and am voluntarily executing this release on behalf of my child/guardian.

To my knowledge, my child/guardian has no physical or mental limitations which may present a safety concern to him/her or others. If he/she is injured while volunteering, I give Second Harvest Northern Lakes Food Bank permission to administer/seek medical treatment in the event I cannot be reached.

Child’s Full Name: _____

Child’s Date of Birth: _____

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Telephone: _____

Parent/Guardian Email: _____

All youth are required to present this completed form prior to volunteer service. Unfortunately, incomplete or missing forms will prohibit volunteer service.

