



2010 VOLUNTEER APPLICATION

7717 Harrison Avenue
521-3700
pantry@mthealthyalliance.org

Volunteer Personal Information

() Male () Female Are you 16 years of age or older? YES__NO__

NAME: (Last)_____(First)_____(M.I.)_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____ (Cell)_____EMAIL_____

May we contact you via phone () Y () N or Email () Y () N

EMERGENCY CONTACT

NAME_____ Relation _____ Phone_____

Do you have any medical needs or allergies that we should be aware of?

If so, state below:

On-Going Volunteer Interest:

Are you interested in further volunteer opportunities at the Mt. Healthy Food Alliance? () Yes () No

Special Interest or Skills_____

Availability: _____ Weekday_____ Weekend_____ Evening_____ Special Programs ie Holiday Dinners etc. _____

OPTIONAL: For statistical purposes: Please check all that apply:

White (Caucasian) () Multiracial ()

Hispanic () Asian ()

African American () Other_____

Do you belong to a faith-based organization () Yes () No Name_____

By signing below, I acknowledge that all the information on the Volunteer Application is correct and that I have reviewed and agree to abide by the Mt. Healthy Food Alliance Guidelines.

DATE_____

PRINT VOLUNTEER NAME_____

VOLUNTEER SIGNATURE_____

WAIVER AND RELEASE OF LIABILITY

We provide food & services; create stability & further self-reliance for people in crisis.

The Mt. Healthy Food Alliance accepts volunteer placements through various resources. Some assignments involve strenuous and/or physical labor including, without limitation, lifting and climbing.

I acknowledge my receipt of permission to volunteer for the Mt. Healthy Food Alliance. I also acknowledge my understanding that my service as a volunteer on or about the property used by Mt. Healthy Food Alliance or as a volunteer for a special program may expose me to various risks or injury or illness. In consideration of the permission and privilege allowed to me to serve as a volunteer, I agree and understand that I freely assume all risks, hazards, and losses which may befall me in connection with my exercise of the permission and privilege allowed to me by Mt. Healthy Food Alliance, and I agree not to hold Mt. Healthy Food Alliance, its agents, employees or volunteers liable for risk, hazard, injury, illness, property damage and/or loss.

I understand that this Waiver and Release of Liability extends to and applies to any personal injuries, injurious results, damage or losses which I may experience or sustain while engaged in training for volunteer service or while engaged in serving as a volunteer for the Mt. Healthy Food Alliance.

I promise for myself, my estate, executor, heirs and assigns not to sue or initiate any claim procedure against Mt. Healthy Food Alliance, its agents, employees, volunteers, assigns, or successors with respect to any risk, hazard, loss, injury, illness, or property damage I may experience or sustain arising directly or indirectly out of my volunteer activities with or at the Mt. Healthy Food Alliance.

CONFIDENTIALITY STATEMENT

With your signature, you agree that Agency/Client information is to be considered confidential and proprietary. You will not disclose, publish, or otherwise reveal any information that can be identified as such without written authorization by the Mt. Healthy Food Alliance.

PERMISSION TO USE PHOTOGRAPH

I give my permission for the Mt Healthy Food Alliance to use my photograph and name in publication, website, video, brochure, or any promotional material produced by them or other press release distributed to the media _____

Signature

I DO NOT GIVE MY PERMISSION for the Mt. Healthy Food Alliance to use my photograph and/or name. _____

Signature

I have read this document and agreed to the conditions outlined in the document.

Signature of the Volunteer Date

FOR VOLUNTEERS 16 Years of Age and Younger:

PARENT/GUARDIAN AUTHORIZATION

In my absence, I _____, parent/guardian of _____ youth volunteer,

Authorize _____, adult companion, to provide supervision for my child for the

Volunteer activity in association with the Mt. Healthy Food Alliance.

Parent/Guardian Signature DATE

Adult Companion Signature DATE