

Volunteer Information Form



Name _____

Company/School/Organization _____

Permanent Address _____

Home Phone _____ Cell Phone _____

E-mail _____ Birthdate _____

If volunteering as a family, please list additional family members (specify relationship):

Do you have any physical restrictions or special needs?

No Yes, _____

Do you have any special skills or areas of interest?

No Yes, _____

Consent Form

I understand that volunteerism at the Food Bank of Central & Eastern North Carolina may sometimes mean working in warehouse conditions and can sometimes include but is not limited to lifting, working around heavy moving equipment and handling damaged food products. I hereby accept and assume full responsibility for any injury I might suffer while volunteering at the Food Bank of Central & Eastern North Carolina. Volunteers are expected to follow safety rules and all other rules related to the warehouse. In the event of injury parents/guardians authorizes Food bank staff to seek treatment for minor volunteers (volunteers under 18 years of age) and to take other action should a medical emergency arise and waive and release my right for damages.

Parental Permission: The Food Bank of Central & Eastern North Carolina will take all precautions to provide and maintain a safe environment for its volunteers. Volunteers are expected to follow safety rules and all other rules related to the warehouse. The Food Bank accepts no liability for minor volunteers who leave the Food Bank property without parental or guardian consent.

Photo release: I hereby give the Food Bank of Central & Eastern North Carolina permission to copyright and/or use, reuse and/or publish and/or republish pictures or images of me for the purpose of illustration, advertising, and promoting the Food Bank of Central & Eastern North Carolina through any medium. The Food Bank of Central & Eastern North Carolina has the right to change or alter this material.

I acknowledge having read and understood the above consent form on:

Date

Printed Name

Signature

If under 18, Guardian's Signature

In case of an emergency, contact (please print):

Name

Relationship

Phone Number (Including Area Code)