



Contact Information – Please fill in all fields

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Date of Birth: _____

Group Information

Do you usually volunteer with a group (company, school, church, club, etc.)? Yes No

If yes, list here: _____

Qualifications

Do you have any physical limitations, health concerns, or allergies that would prevent you from lifting, bending, kneeling, sitting, or working around specific foods? Yes No

If yes, please explain _____

Do you have any limitations that prevent you from working around or with vulnerable adults, juveniles, and/or children?

Yes No

Photograph and Video Permission Use

I authorize Emergency Food Network (EFN) to edit and publish any photos and videos taken while volunteering. These publications include, but are not limited to: annual reports, newsletters, social media, fundraising materials, and the organization’s website. I understand that photos and videos will only be used to further the mission of EFN.

Participation Agreement

I understand that participation in an event or activity with Emergency Food Network (EFN) may include actions or tasks which might be hazardous and could result in harm, injury, illness or other damages. I agree and understand that my participation in this activity is strictly voluntary. By signing below I assume any risk of harm, injury, illness or other damages which might occur. I release and hold harmless EFN and each of its directors, officers, employees, partners, agents, and constituents from all claims, liability, costs and damages which might arise from participation in the event or activity. This release constitutes a voluntary waiver of any and all liability and claims of any kind against the Emergency Food Network.

I understand that EFN is a weapon-free zone. No weapon of any kind is allowed at EFN's Distribution Center or EFN's Mother Earth Farm.

I understand that the scope of my relationship with EFN is limited to a volunteer position and that no compensation is expected in return for services provided; that EFN will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my participation with EFN.

If the participant is a minor, I agree that the minor has my consent to participate in the event or activity. I further provide my consent for EFN to seek emergency treatment for the minor if necessary and I agree to accept financial responsibility for the costs related to this emergency treatment.

Signature _____ Date _____

If volunteer is under 18, this must be signed by a parent/guardian.