



VOLUNTEER APPLICATION

Birthdate: _____

Date: _____

First Name Last Name Middle Initial

Home Address

City State Zip Code Phone Number

Email

Are you volunteering: ___ As an individual ___ With a group

Name of group: _____

In what ways do you need to limit your physical activities?

Check here if none

Are you under doctor's care? Yes No

Are you taking any medication? Yes No

Any medical conditions:

In Case of Emergency:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

1. ADULT VOLUNTEER AGREEMENT
(ALL MINORS AND PARENTS SKIP TO SECTION 2)

PLEASE READ CAREFULLY:

In consideration as a volunteer for El Pasoans Fighting Hunger I, intending to be legally sound, do hereby for myself, executors and administrators, waive, release and forever discharge El Pasoans Fighting Hunger the owners of any event sites, and other volunteers, their agents, representative, successors and assigns from any and all rights and claims for damages, including any claims for loss, damages, or injury to my person or property arising out of my performance or failure of performance.

I hereby consent to allow my picture or likeness to appear in any official document, sponsor advertisement and/or television coverage of El Pasoans Fighting Hunger without compensation to me. I have read this waiver and knowing these facts I hereby, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and waive, release and discharge volunteers, suppliers, agents, employees and other personnel in any way assisting or connected with the events form and all claims or liability of any kind or nature whatsoever arising out of my participation.

I, _____, understand that the above information is voluntarily supplied and may be used and disclosed for Food Bank purposes and that as an El Pasoans Fighting Hunger volunteer I will not be paid or compensated for my services.

SIGNED and DATED at _____ on _____
City/State Date

Signature of volunteer

Signature of Food Bank Representative

2. JUVENILE VOLUNTEER AGREEMENT (For minors only)

PARENTAL WAIVER AND RELEASE OF LIABILITY

For and in Consideration of my minor child participating as a volunteer for El Pasoans Fighting Hunger I, _____ individually and as the parent or legal guardian of _____ a minor child, hereby forever waive and release and hold harmless, El Pasoans Fighting Hunger, its agents, employees, suppliers, officers, directors, volunteers, successors, assigns and insurers, of and from any and all claims, causes of action, lawsuits, damages and/or liabilities of whatsoever kind and nature, that may be sustained by me, my child or my child's property, arising in any way related to participation in any volunteer event or activity conducted by El Pasoans Fighting Hunger without compensation to me.

I hereby consent to allow my child's picture or likeness to appear in any official document, sponsor advertisement and/or television coverage of El Pasoans Fighting Hunger without compensation to me.

I have read this waiver and I understand that by signing this document, I, individually and on behalf of my child or anyone else who my claim on my behalf or that of my child, FOREVER WAIVE MY RIGHT TO SUE OR MAKE CLAIM AGAINST El Pasoans Fighting Hunger, its agents, employees, suppliers, officers, directors, volunteers, successors, assigns and insurers, and any other personnel in any way assisting or connected with any events, and hereby release them from any and all claims or liability of any kind or nature whatsoever arising out of my child's participation in volunteer activities at El Pasoans Fighting Hunger and hereby agree to the terms herein stated.

DATED _____

Signature of Parent/Guardian

Signature of Food Bank Representative