



APPLICATION FOR STUDENT COMMUNITY SERVICE

- You must be able to lift 30–40-pound boxes and stand on your feet for 3-4 hours.
- Wear closed-toe shoes, a belt for your pants and no revealing necklines.
- You must keep your cell phone and other portable devices turned off when working.
- Everything you see and hear is confidential. Treat all clients and volunteers with respect.

IF YOU FEEL YOU CAN FULFILL EACH OF THESE REQUIREMENTS, PLEASE COMPLETE THE FOLLOWING APPLICATION.

Please write legibly.

DATE _____

NAME _____ SEX _____

(LAST) (FIRST)

EMAIL ADDRESS _____

PHONE # _____ BIRTH DATE _____

SPONSORING SCHOOL _____

CONTACT PERSON & PHONE # _____

NUMBER OF HOURS REQUIRED _____ BY WHEN _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Phone # _____

Relationship to Volunteer _____

Are you taking any medications we should be aware of? (i.e. heart medication)

Do you carry an inhaler? Yes No

Which hours work best for you?

Saturday AM _____ Weekday Mornings _____ Weekday Afternoons _____

You can scan and email this application to communityservice@foothillsfoodbank.com, drop it off at the Food Bank or mail it to Michelle Reyes, Foothills Food Bank, 6038 E. Hidden Valley Drive, Cave Creek, AZ. 85331.



FOOTHILLS FOOD BANK VOLUNTEER WAIVER OF LIABILITY

This Release and Waiver of Liability (Release) is executed on this ____ day of _____, 20____, by _____(the Volunteer) in favor of Foothills Food Bank, an Arizona notforprofit corporation, their directors, officers, and employees (collectively “Food Bank”).

The Volunteer desires to work as a volunteer for Food Bank and engage in the various activities related to operation of the Food Bank, including, but not limited to sorting, stacking, packing, and delivering food and other goods to clients of the Food Bank both on and off the premises of the Food Bank,

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: The Volunteer does hereby release and forever discharge and hold harmless Food Bank and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s activities with Food Bank.

The Volunteer understands that this Release discharges Food Bank from any liability or claim that Volunteer may have against Food Bank with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s activities with Food Bank, unless caused by the negligence of Food Bank or its officers, directors, employees, other volunteers, or third parties.

Insurance: The Volunteer understands that Food Bank does not carry or maintain health, medical or disability insurance for any Volunteer.

Other: The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Arizona and that this Release shall be governed by and interpreted in accordance with the laws of the State of Arizona. The Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature

Printed Name

If the volunteer is under the age of 18, a parent or legal guardian must sign this Release on behalf of the minor.

Signature of Parent/Guardian

Printed Name

Print Minor’s Name _____