



Second Harvest Food Bank Santa Cruz County

Working together to end hunger through healthy food, education and leadership.

VOLUNTEER APPLICATION

Welcome! Thank you for your interest in volunteering at the Food Bank!

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Year of Birth: _____ Gender: Male Female Non-Binary/Other/Prefer not to say

Category (please select one):

Community Volunteer Student Community Organization

Mandated Hours (court) Program Corporate Group

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number #1: _____ Phone Number #2: _____

YOUTH WAIVER

If you are under the age of 18, please have parent or guardian read and sign below

Print Name of Youth

Youth Signature

Date

I give permission for the above minor child (under 18 years-old) to volunteer at the Food Bank. We have read and understand the rules and regulations (below) of volunteering for Second Harvest Food Bank. We understand if these rules are not followed, the youth volunteer will be asked to discontinue volunteering.

Name of Parent or Guardian

Phone

Email

X

Parent or Guardian Signature

Date

Waiver and Release

1. **Waiver and Release.** Volunteer and Guardian do hereby release and forever discharge and hold harmless SHFB 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 work for Second Harvest Food Bank Santa Cruz County (SHFB). Volunteer and Guardian understand that this Release discharges SHFB from any liability or claim that the Volunteer or Guardian may have against SHFB with respect to any bodily injury, illness, death, or property damage that may result from Volunteer's work for SHFB, whether caused by the negligence of SHFB or its officers, directors, employees, or agents or otherwise. Volunteer or Guardian also understand that SHFB does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness

2. **Assumption of Risk.** The Volunteer and Guardian understand that the work for SHFB may include activities that may be of some risk to the Volunteer, including, but not limited to, working in a warehouse facility. Volunteer and/or Guardian hereby expressly and specifically assume the risk of injury or harm in these activities and release SHFB from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for SHFB.

3. **Insurance.** The Volunteer and Guardian understand that, except as otherwise agreed to by SHFB, in writing, SHFB does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

4. **Photo Release.** Without further compensation, Volunteer and Guardian hereby consent to and authorize Second Harvest Food Bank Santa Cruz County, its successors, designates, or assigns, complete and irrevocable rights to use, disseminate, display in public, on television, or on the internet/world wide web, or other means; and reproduce in copies or recordings in video, or other digital and media formats, the photographs or video and audio recordings made while volunteering.

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

Print Name (Volunteer or Guardian)

Signature

Date



I have read and understand the Volunteer Guidelines provided to me. I understand if I do not follow these rules, I will be asked to discontinue volunteering. Initial: _____