



# FOOD HELPERS

Feeding ♦ Training ♦ Thrifting ♦ Farming

Home of the Greater Washington County Food Bank

---

## VOLUNTEER APPLICATION

First Name

Last Name

Address

City/State

Zip Code

Phone

Email

Date of Birth

How Did You Hear About Us?

What is Your Main Reason for Volunteering?

(Documentation may be required if court ordered)

Restrictions for Volunteering (Lifting, Standing, etc.)

Medical (Allergies, Physical Limitations, etc.)

Emergency Contact

Contact Relationship

Contact Phone Number

**Release from Liability:** I will not hold Greater Washington County Food Bank (Food Bank) or its employees, interns, officers, representatives, Board of Directors, or any fellow volunteers liable for accidents, injuries or death to myself, my child or to any other person for whom I am lawful guardian, that may result from any volunteer activities sponsored by, arranged or participated in by the Food Bank. Neither will I, nor any person for whom I am lawful guardian, hold liable the persons who operate the Food Bank equipment during volunteer activities for accidents, injury, or death that may result from Food Bank activities. When volunteering, no sandals or open-toed shoes are permitted. (Signature Required)

**Photography Release:** I also hereby authorize the Food Bank to publish photographs taken of me for use in the Food Bank's print, online, social media, video-based marketing materials, and other publications. I hereby release and hold harmless Food Bank from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release the Food Bank, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation. (Signature Required)

**Confidentiality Agreement:** The Greater Washington County Food Bank and Volunteer are not to use any Confidential Information disclosed to the recipient verbally or in written form of Greater Washington County Food Bank for their own use or for any purpose other than to carry the duties assigned to the volunteer. Volunteer agrees that he or she will take all reasonable measures to protect the secrecy of and avoid disclosure or use of Confidential Information of Greater Washington County Food Bank in order to prevent it from falling into the public domain or the possession of persons other than those persons authorized by Greater Washington County Food Bank to have any such information. (Signature Required)