Volunteer Application

Contact Information

First Name _____ Last Name _____

Middle Initial _____ Nickname/Preferred Name _____

Date of Birth _____ ☐ Adult ☐ Youth T-Shirt Size _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Do you agree to receive text messages at this phone number? ☐ Yes ☐ No

Organization or Group Affiliation (if applicable) _____

Member Agency Agency Name _____

☐ Yes ☐ No

Employer Relation Employer Name _____

☐ Yes ☐ No Work Phone Number _____

Are you currently a donor to Mountaineer Food Bank? ☐ Yes ☐ No

Emergency Contact Information

Name _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

Are you a student?

☐ Yes ☐ No If yes, what school are you enrolled in? _____

Volunteer Availability

Please put times available or requested:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

By signing below, I acknowledge that my photo may be taken and I may be interviewed and/or be filmed for marketing purposes. I further grant permission to the Mountaineer Food Bank, and its corporate partners, to use, without cost or approval, any photographs, videos, or audios taken of me. I acknowledge that I have read and understand this release and am voluntarily executing this release.

By my signature below, I do release and indemnify, defend and hold harmless, the Mountaineer Food Bank from and against any and all claims, actions, suits, or proceedings of any kind or nature arising as a result of the actions of myself.

I also release the officers, staff, and Board of Directors of the Mountaineer Food Bank, without limitations, from damages, liabilities, penalties, cost, expense, legal fees, and claims.

Signature _____ **Date** _____

If under 18, a parent or guardian must sign below.

Parent Signature _____ **Date** _____

Print Parent Name _____