



29th Annual Food Drive

Saturday, April 21, 2017

Registration & Waiver Form

T-shirt Priority Deadline: Saturday, March 31, 2018

For more information contact:
Volunteer Coordinator
Phone: (808) 954-7869
Fax: (808) 954-7879
Email: volunteer@hawaiiifoodbank.org

AGENCY PLEDGE FORM

(Group must be registered with HFB)

Agency credit \$50 per adult volunteer; 11 a.m. - 2 p.m.

VTS# _____
FOR OFFICE ONLY

Agency Name: _____ Agency Number _____ Code _____
Group Code if known

Select One: Mr. Mrs. Ms. Miss
Coordinator's Name: _____ Phone: _____
Group Address: _____ Fax: _____
City: _____ State: _____ Zip: _____
Email Address of Coordinator or Group: _____
Number of Volunteers Pledged _____

Check (✓) - Preferred Site Location:

Metro-Honolulu

- ___ Koko Marina Center
- ___ Waikeola Congregational Church - Kahala
- ___ McCully Shopping Center
- ___ Waterfront Plaza
Downtown Honolulu

Central Oahu

- ___ Pearl City Shopping Center
- ___ Pearl Highlands Center (limited capacity)
- ___ Town Center of Mililani

Windward Oahu

- ___ Windward City Shopping Center - Kaneohe

Leeward Oahu

- ___ Kapolei Commons

Shift:

Movers & Shakers - 11:00 a.m. to 2:00 p.m. **Must be able to commit to the entire volunteer shift.**

Register Your Group

- 1: Complete this **Agency Pledge Form** and return it to the Volunteer Coordinator as soon as possible.
- 2: Print & distribute the **Individual Registering with Group** forms (page 2) to your potential volunteers. Make sure to clarify your exact group name & group code before asking them to complete, sign & return the forms to **you**.
- 3: Fill out the **Group Pledge Roster** (page 3).
- 4: Submit the completed **Individual Registration With Group** forms for all your group members along with the **Group Pledge Roster** via fax (808-954-7879) or email (volunteer@hawaiiifoodbank.org).

- T-shirt priority deadline is Friday, March 31, 2017.
- \$2,000 max credit for food drive adult volunteers



29th Annual Food Drive

Saturday, April 21, 2017

Registration & Waiver Form

T-shirt Priority Deadline: Saturday, March 31, 2017

For more information contact:
Volunteer Coordinator
Phone: (808) 954-7869
Fax: (808) 954-7879
Email: volunteer@hawaiifoodbank.org

INDIVIDUAL REGISTERING WITH GROUP

VTS# _____
FOR OFFICE ONLY

(Group must be registered with HFB. If not sure contact your group coordinator.)

Agency Name: _____ **Group Code:** _____
Agency #: _____ (If not sure contact your group coordinator)

Select One: Mr. Mrs. Ms. Miss
Please Print **Legibly**

T-Shirt Size (Select)
M L XL 2XL 3XL 4XL 5XL

Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone Cell: _____ Home: _____ Work: _____
Email Address: _____
Emergency Contact: _____ **Emergency Contact Phone:** _____
(Must be completed) (Must be completed)

Check here if under 18 _____ Date of Birth _____ MM/DD/YY Parent/guardian signature for minors is required below.

Check (✓) - Preferred Site Location:

Metro-Honolulu

- ___ Koko Marina Center
- ___ Waikeola Congregational Church - **Kahala**
- ___ McCully Shopping Center
- ___ Waterfront Plaza
Downtown Honolulu

Central Oahu

- ___ Pearl City Shopping Center
- ___ Pearl Highlands Center (limited capacity)
- ___ Town Center of Mililani

Windward Oahu

- ___ Windward City Shopping Center - Kaneohe

Leeward Oahu

- ___ Kapolei Commons

Shift:

Movers & Shakers - **11:00 a.m. to 2:00 p.m.**

RELEASE AND WAIVER

I am volunteering to assist the Hawaii Foodbank in its events including but not limited to: donation solicitation, food drives and other such activities. I understand there may be some risks involved in participating in any sponsored event. Knowing these facts, I hereby waive, release, discharge and agree to hold harmless the Hawaii Foodbank, its agents, employees or anyone acting for or on its behalf from any and all claims of liability for personal injury, death or property damage of any kind or nature whatsoever arising out of or in the course of my participating in any Hawaii Foodbank events. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown and binds myself, my heirs, executors, administrators or anyone else who might claim on my behalf.

I further grant full permission to the Hawaii Foodbank or agents authorized by them to use any photographs, video and recordings or any other record of this event for any Hawaii Foodbank purpose including: art, advertising, promotional collateral, publications, website and media including: social, print, broadcast and electronic or digital media.

X _____
SIGNATURE OF VOLUNTEER

DATE: _____

Adults only for agency credit(s)

