



# Volunteer Application

Please complete and return to:  
Email: volunteer@hawaiifoodbank.org  
PH: 808-954-7869 Fax: 808-954-7879

**Volunteer Opportunity Requested:** \_\_\_\_\_

**Date of Volunteer Opportunity:** \_\_\_\_\_

Circle One: Mr. Mrs. Ms. Miss

Please Print **Legibly**

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

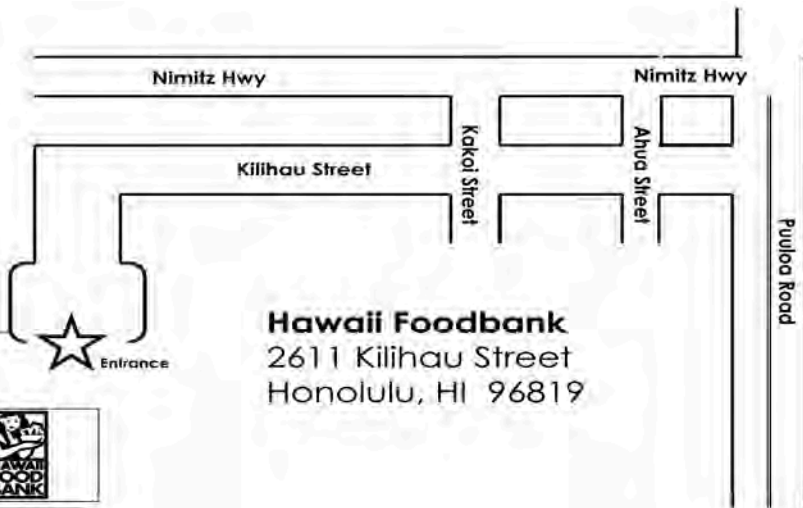
**Phone Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **E/C Phone:** \_\_\_\_\_

**Group/Organization:** \_\_\_\_\_

- ✱ Carpooling is highly recommended; only street parking will be available. See map insert.
- ✱ **Covered shoes are mandatory.** Cool comfortable clothing is also recommended. Handbags, backpacks & other bulky items are discouraged. Ample cold bottled water will be provided throughout the activity.
- ✱ Certificates of Appreciation documenting volunteer participation and hours worked will be provided by request.



### 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, dis-charge 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 participation. I understand there may be some risks involved in participating in any sponsored event. 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.

### Parent/Guardian Permission

I verify that \_\_\_\_\_ (print youth's name) is currently \_\_\_\_\_ years of age and I, \_\_\_\_\_ (print parent's/guardian's name) give permission for him/ her to participate in a Hawaii Foodbank activity at the warehouse located at 2611 Kilihau Street, Honolulu, HI, 96819.

By my signature below, I acknowledge the above release and waiver.

X \_\_\_\_\_  
SIGNATURE OF VOLUNTEER

DATE: \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (required for any one under 18)

DATE OF BIRTH FOR YOUTH (UNDER 18): \_\_\_\_\_