



Volunteer Opportunity

General Application



Please complete and return to:
Ka'ipo Cullen, Volunteer Coordinator
PH: 808-954-7869 Fax: 808-954-7879
Email: volunteer@hawaiifoodbank.org

VTS # _____
FOR OFFICE ONLY

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

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____ Work: _____

Email Address: _____

Employer: _____ Position: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Tell Us More About You

Physically/Medically fit for tasks (Circle) No Yes

Lifting: Up to 50 lbs. (Circle) No Yes

Skills: (List top three) _____

Availability: (Circle all that apply) Mon Tues Wed Thurs Fri No preference Hours per week _____

Commitment: I am able to make a [] 1 Month [] 3 Month [] 6 Month commitment to volunteer at least once a week.

Choose an Opportunity (check all that apply)

- Warehouse-Produce Sorter (*7:30 a.m. - 1:00 p.m.):_____ Starting date: _____
- Warehouse-Dry Salvage Sorter (*7:30 a.m. - 2:00 p.m.)_____ Starting date: _____
- Friday Morning Movers (*8:00 a.m. - NOON):_____ Starting date: _____
- Can Do Crew (*8:00 a.m. - 4:00 p.m.):_____ Starting date: _____

***Hours listed above are the time range available for each activity. A 4-hour minimum commitment per day is requested.**

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: _____

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

For your safety, you must be 18 years old or older to help us in the warehouse.