



# Volunteer Opportunity

## Special Events 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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Volunteering with a company, organization or group: \_\_\_\_\_  
(name)

### Tell Us More About You

Are you physically/medically fit for tasks? (Circle) No Yes

Can you lift up to 50 lbs. (Circle) No Yes

**Fall / Winter Opportunities** (✓ all that apply)

**Spring / Summer Opportunities**

- |                                                                    |                                                                                |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Annual Hunger Walk (September)            | <input type="checkbox"/> Great Chefs@ Fight Hunger (March)                     |
| <input type="checkbox"/> Kraft Check-Out Hunger (November-January) | <input type="checkbox"/> Nat'l Association of Letter Carriers Food Drive (May) |
| <input type="checkbox"/> Golf Classic Tournament (February)        | <input type="checkbox"/> Community Event _____                                 |

**Special Events minimum age requirement for a volunteer accompanied by an adult is 16.**

#### 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)