



Hawaii Foodbank 23rd Annual Food Drive

Saturday, April 21, 2012

REGISTRATION DEADLINE
Wednesday, March 28, 2012

Please mark the appropriate box:

If you are volunteering with a company / organization/group
Please let us know who:

If you are volunteering as an individual. (no group affiliation)

Circle one

Shirt Size:

M L XL 2XL

3XL 4XL 5XL

FOR OFFICE USE ONLY

Received: _____
Entered: VTS _____ Bin _____
Site: _____
Shift: _____
Task Assignment: _____

Check (√) - Site Location:

___ Koko Marina Center ___ McCully Shopping Center ___ Pearl Highlands ___ Pearl City Shopping Center
___ Town Center of Mililani ___ Waikeola Congregational Church ___ Windward City Shopping Center
___ Waterfront Plaza (only groups of 15 or more)

Check (√) - Site Shift(s):

___ #1- 8:00 a.m. to Noon ___ #2- 11:30 a.m. to 3:00 p.m. ___ #3- 7:30 a.m. to 3:00 p.m.

Fax or mail to: Volunteer Facilitator • 2611 Kilihau St. • Honolulu, HI 96819 • Fax: 836-2272

**Please print clearly, in order to receive your confirmation.
Use your legal first name - no "nicknames," please.**

Circle One: Mr. Mrs. Ms. Name: _____

Mailing Address: _____

City, State, Zip: _____

(Please print street name clearly)

Home Phone: _____ Work Phone: _____ Cellular: _____

Date of birth: ___/___/___ (Required for Minors) E-mail Address: _____

Some volunteer positions require lifting up to 40 lbs. Are you able to do this? Please circle one: YES NO

Emergency Contact: _____ Phone: _____

Relationship: _____

(We cannot process incomplete applications.)

RELEASE AND WAIVER

I am volunteering to assist the Hawaii Foodbank in its sponsored 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 sponsored events. This release and waiver extend 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, videotapes, motion pictures, recordings or any other record of this event for any Hawaii Foodbank purpose.

X _____
SIGNATURE (Minimum age for Food Drive is 16)

Date: _____

X _____
SIGNATURE OF PARENT/GUARDIAN