

Volunteer Application Form  
Feeding America Eastern Wisconsin  
Fox Valley Food Bank  
2911 W. Evergreen Dr., Appleton, WI 54913



*NOTE: If you are under 18 years old, a parent or guardian must sign the waiver forms and application on your behalf.*

### CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you prefer to be contacted by email or phone?      Email       Phone

### VOLUNTEER INFORMATION

I am volunteering with:

- |  |   |
|--|---|
| <input type="checkbox"/> Work (corporate event, business outing, etc.) | <input type="checkbox"/> Individual/family                |
| <input type="checkbox"/> Service group (Rotary, Boy/Girl Scouts, etc.) | <input type="checkbox"/> Court-mandated community service |
| <input type="checkbox"/> Faith community                               | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> School  |   |

Group/organization name: \_\_\_\_\_

- Are you at least 18 years old?      Yes  No
- Are you volunteering to complete court-mandated community service?      Yes  No

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### LIABILITY WAIVER

I am agreeing to act as a volunteer for Feeding America Eastern Wisconsin, Inc. (FAEW). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by FAEW and failure to do so may result in my immediate removal as a volunteer. I am aware of the nature of the activities to be performed as a volunteer and I recognize and understand that there are certain risks inherent in working in FAEW's warehouse or at FAEW events and I accept those risks. I agree that all volunteer activities are to be performed at my own risk. I understand that if an accident or injury should occur, no matter how minor, I will seek any necessary medical attention utilizing my own

medical insurance. On behalf of myself and my respective heirs and personal representatives, I agree to indemnify and hold harmless FAEW, its officers, directors, employees, agents and volunteers from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including but not limited to attorney's fees and disbursements, arising from or occasioned by my activities as a volunteer for FAEW.

I have read the above waiver and state that I have understood it and that I am voluntarily signing it without any inducement or representation from any member of the FAEW staff.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If under age 18, you must have parent/guardian consent.)

### **MEDIA RELEASE\***

\*Please inform the Volunteer Engagement Coordinator if you do not wish to be included in group pictures, promotional media, etc.

I hereby consent and authorize any employee or agent of Feeding America Eastern Wisconsin ("FAEW") to take photographs or motion pictures of me; or to produce videotapes, audiotapes, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials").

I authorize FAEW to copyright the Materials, and I authorize FAEW to edit, use, reuse, copy, publish, display, exhibit, reproduce, license to a third party, and distribute the Materials in any promotional materials or other forms of media, which may include, but are not limited to FAEW intranet, FAEW website, FAEW newsletters and publications, catalogs, articles, websites or other electronic forms of media, and to offer the Materials for use or distribution in other publications, electronic or otherwise, without notifying me.

I also agree that FAEW may identify me by name.

I agree that I am participating on a voluntary basis and I will not receive any payment from FAEW for signing this release or as a result of any publication of the Materials.

I also hereby release FAEW and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If under age 18, you must have parent/guardian consent.)