

YOUTH VOLUNTEER APPLICATION (Age 6-17)



VOLUNTEER INFORMATION

First Name		Last Name	
Preferred Name	Age	Main Phone	
Street Address			
City		State	Zip
Email Address			

If you are with a group, list the group name below.

Group Name

EMERGENCY CONTACT

Title	First Name	Last Name	Suffix
Main Phone		Secondary Phone	
Relationship			

I understand that it is prohibited for me to remove any Second Harvest Food Bank product from the warehouse or offices for any personal use. I understand that volunteer service is at will and can be terminated, for any reason, or for no reason at all, and with or without advance notice at any time by Second Harvest Food Bank of Middle Tennessee, or by the volunteer. I understand that as a volunteer for Second Harvest Food Bank of Middle Tennessee, I may be involved in physical activities that have a potential risk of injury. I assume this risk. I agree that I will perform activities that I am comfortable doing and follow all instructions. I hereby release and discharge Second Harvest Food Bank of Middle Tennessee, its employees, directors, officers, partners, agents, and volunteers from any claim, demand, or cause of action that may be asserted by or on behalf of me as a result of my volunteering for activities through Second Harvest Food Bank of Middle Tennessee. I agree to be responsible for my behavior and to indemnify and hold harmless Second Harvest Food Bank of Middle Tennessee, its employees, directors, officers, partners, agents, and volunteers from any damages or liabilities arising out of my activities as a volunteer through Second Harvest Food Bank of Middle Tennessee. I understand that Second Harvest's Volunteer Policies & Procedures will be made available to me. I agree to read this information and keep it for future reference. I agree to observe present and future company policies and rules outlined in the information. The policies stated are intended as guidelines for volunteers and are subject to change at the sole discretion of Second Harvest Food Bank of Middle Tennessee. I, the undersigned, hereby irrevocably consent to the unrestricted use by Second Harvest Food Bank of Middle Tennessee and/or its clients, customers, successors and assigns and those acting under its authority, and those for whom it is acting, the absolute right, for as long and as often as they may elect, to copyright and/or use and/or publish my image, voice, name and/or story in which I may be included in whole or in part, in any format including video, print or electronic (collectively the "Materials") whether such materials may be retouched as part of a composite in conjunction with my own or fictitious name or reproductions or versions thereof in color otherwise, made through any media for art, advertising, trade or any other lawful purpose whatsoever. I hereby waive any right to inspect or approve the finished materials, advertising copy, or printed matter that may be used in conjunction therewith, or to the eventual use that it may be applied. In conjunction with foregoing, I hereby release and hold harmless Second Harvest Food Bank of Middle Tennessee, and each of the above from all liability.

Volunteers under the age of 18 MUST have this form signed by a parent or legal guardian.

Volunteer Signature

Date

Parent/Legal Guardian Name

Parent/Legal Guardian Signature