



Second Harvest Food Bank Santa Cruz County

We inspire and support Santa Cruz County to provide nourishment for all community members.

VOLUNTEER APPLICATION

Name:

Address:

City:

Zip Code:

Phone Number:

Email:

Date of Birth:

(if under 18, parental waiver must be signed in order to volunteer)

Gender Identity: Male Female Non-Binary Prefer not to say

Volunteer Category (please select one):

- Community Member Student Community Organization
 Mandated Hours (court) Corporate Group
 OTHER

Preferred Pronouns:

Preferred Language: English Spanish Other:

T-shirt Size (Unisex): S M L XL 2XL [please circle one]

Emergency Contact:

Name:

Email:

Phone:

Relationship:



Volunteer Waiver and Release

- Waiver and Release.** Volunteer and/or Parent/Guardian do hereby release and forever discharge and hold harmless Second Harvest Food Bank Santa Cruz County (SHFB) and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for SHFB. Volunteer and/or Parent/Guardian understand that this Release discharges SHFB from any liability or claim that the Volunteer and/or Parent/Guardian may have against SHFB with respect to any bodily injury, illness, death, or property damage that may result from Volunteer's work for SHFB, whether caused by the negligence of SHFB or its officers, directors, employees, or agents or otherwise. Volunteer and/or Parent/Guardian also understand that SHFB does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- Assumption of Risk.** The Volunteer and/or Parent/Guardian understand that the work for SHFB may include activities that may be of some risk to the Volunteer, including, but not limited to, working in a warehouse facility. Volunteer and/or Parent/Guardian hereby expressly and specifically assume the risk of injury or harm in these activities and release SHFB from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for SHFB.
- Insurance.** The Volunteer and/or Parent/Guardian understand that, except as otherwise agreed to by SHFB, in writing, SHFB does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.
- Photo Release.** Without further compensation, Volunteer and/or Parent/Guardian hereby consent to and authorize Second Harvest Food Bank Santa Cruz County, its successors, designates, or assigns, complete and irrevocable rights to use, disseminate, display in public, on television, or on the internet/world wide web, or other means; and reproduce in copies or recordings in video, or other digital and media formats, the photographs or video and audio recordings made while volunteering. **Check this box if you DECLINE.**
- Guidelines.** Volunteer and/or Parent/Guardian agree to follow and adhere to SHFB's volunteer guidelines. Please see guidelines document for further details. Volunteer and/or Parent/Guardian also expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of California.
- Code of Conduct.** Volunteer and/or Parent/Guardian will always adhere to SHFB's code of conduct policies. SHFB has the right to ask volunteers to leave if (but not limited to), volunteers do not follow instructions given by staff, volunteers act in a disrespectful or inappropriate manner, volunteers arrive late, volunteers are ill and/or volunteering with open wounds/sores or communicable diseases and if volunteers are suspected of theft. SHFB has a zero-tolerance policy for theft and if found or suspected of stealing, volunteers will be dismissed immediately. Also, if volunteers are suspected of being under the influence of drugs or alcohol, SHFB is a

drug- and substance-free work environment for all staff and volunteers. Please see code of conduct document for further details.

***I have read and understood the Volunteer Waiver and Release.
By signing this form, I understand if I do not follow the rules and guidelines,
I will be asked to discontinue volunteering.***

Print Name (Volunteer)

Signature

Date

Phone Number

Date of Birth

Email

YOUTH WAIVER:

If you are under 18, a parent or guardian must review and sign below.

***I give permission for the above minor child to volunteer with
Second Harvest Food Bank Santa Cruz County.
I have read and understood the Volunteer Waiver and Release.***

Print Name (Parent/Guardian)

Signature

Date

Emergency Contact Phone Number (primary)

Emergency Contact Phone Number (secondary)