

revard County's Backpack Program VOLUNTEER AGREEMENT

Name:	DOB*:		
Last	First	*(if under 18, guardian signature required below	
Address:			
Number and Street	City	State Zip	
Phone:	Email:		
Employer/Position:			
Emergency Contact Name:		Contact Phone:	
Hobbies, Memberships, Voluntee	Experience:		
How did you hear about us?			
Volunteer Interests:			
☐ Packing food	☐Weekly school deliveries	□Office/clerical work	
☐ Social media/website	☐Special events/fundraising	□Event setup/tear down	
Volunteer Availability:			
	Waiver and Release of Lia	<u>bility</u>	
I	HEREBY WAIVE AND RELEASE	, indemnify, hold harmless and forever	
discharge The Children's Hunger Proj	ect, Inc. and its agents, employees, a	nd officers, of and from any and all claims,	
actions or losses for bodily injury, pro	perty damage, wrongful death, expe	nses, causes of action, lawsuits, damages and	
liabilities, of every kind of nature, wh	ether known or unknown, in law or e	quity, that I ever had or may have, arising	
from or in any way related to my part	•		
•		claims of personal injury or death or damage	
	my involvement in The Children's Hu	inger Project, Inc. volunteer activities and the	
aforementioned released party.			
• • • • • • • • • • • • • • • • • • • •	•	g The Children's Hunger Project, Inc. activities	
		ove agreement shall be binding on my heirs,	
successors, assigns, administrators, a		F. IT IC AAV INITENTION TO EVENART AND	
		E. IT IS MY INTENTION TO EXEMPT AND	
DEATH CAUSED BY NEGLIGENCE OR A		L INJURY, PROPERTY DAMAGE OR WRONGFUL PLEASE LIST ANY MINORS:	
DEATH CAUSED BY NEGLIGENCE ON A		Parent or Guardian signature is mandatory for minors	
Name:			
Date:			
Signature			