The Children's Hunger Project
26 Forrest Avenue, Cocoa, FL 32922
321-610-1900

VOLUNTEER AGREEMENT

Name:_____ DOB*:_____
Last First ***(if under 18, guardian signature required below)**

Home Address: _____
Number and Street City State Zip

Personal Phone: _____ Personal Email: _____

Employer/Position:_____

Emergency Contact Name:_____ Contact Phone: _____

Hobbies, Memberships, Volunteer Experience:_____

How did you hear about us?_____

Volunteer Interests:

- ☐ Lead Packer/Helper
- ☐ Warehouse Assistant
- ☐Weekly School Deliveries
- ☐Community Events
- ☐Office/Clerical work
- ☐TCHP Ambassador for Special Events

Volunteer Availability:_____

Waiver and Release of Liability

I_____HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge The Children's Hunger Project, Inc. and its agents, employees, and officers, of and from any and all claims, actions or losses for bodily injury, property damage, wrongful death, expenses, causes of action, lawsuits, damages and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation volunteer activities for The Children's Hunger Project, Inc.

By this waiver I assume any risk and take full responsibility and waive any claims of personal injury or death or damage to personal property associated with my involvement in The Children's Hunger Project, Inc. volunteer activities and the aforementioned released party.

I permit the use of any photos, slides, films, or sketches taken of me during The Children's Hunger Project, Inc. activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE The Children's Hunger Project, Inc. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PLEASE LIST ANY MINORS:
Parent or Guardian signature is mandatory for minors

Name:_____ _____

Date: _____ _____

Signature: _____ _____