

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in finding out about additional volunteer opportunities at Food For The Poor?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**VOLUNTEER WAIVER**

**This waiver should be completed prior to volunteering with Food For The Poor (FFTP)**

- I understand that all supplies, materials, property, and products, including all items donated to FFTP, are for the purposes of helping those in need and may not be damaged or removed from the event premises.
- I confirm that I have not been convicted of any crime involving a sex offense or any felony.
- I am aware of the hazards and risks to myself and to my property associated with this volunteer experience. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while at a FFTP volunteer event and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I accept these conditions with full awareness, and I assume all risks of death, injury, illness, and personal property loss or damage associated with such risks. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate.
- I grant permission to FFTP to use my image, likeness, and the sound of my voice as recorded during my volunteer experience by still photography, audio, or video in publications, social media, or other media material used, produced, or contracted by FFTP. I understand that I will not receive payment or other compensation for the use of my image or recording.
- I understand that FFTP reserves the right to ask volunteers and volunteer groups to leave the premises and/or not return for any reason deemed sufficient by FFTP.
- Governing Law/Venue: This agreement shall be governed by the laws of the State of Florida.

**LIABILITY RELEASE** As a Food For The Poor volunteer, I agree to abide by all policies and procedures; I understand that I volunteer at my own risk and neither the organization nor its employees assumes any liability for any accidental injury or health problem, **including COVID-19**, arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward in exchange for my service.

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