



# VOLUNTEER APPLICATION AND AGREEMENT (GROUP)

Organization Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## VOLUNTEER PREFERENCES:

Do you prefer opportunities:  Behind the Scenes  In Public Settings

When are you available?	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKEND
Morning (8 a.m. - 12 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12 p.m. - 4 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (4 p.m. - 8 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have specific times/days that interest you most? \_\_\_\_\_

Which Volunteer Opportunities are of interest to you (mark all that apply):

- Re-pack, sort, label food
- Pack food for our programs
- Sanitize and keep our facility food safe
- Support our Food Shelf
- Support our Mobile Food Pantry Program
- Support our Nutrition Assistance Program for Seniors
- Deliver food to seniors as part of NAPS
- Deliver food to schools as part of Backpack Program
- Office - data entry, filing, calls, mailings
- Special Events/Awareness - committees, events, etc.

## EMERGENCY INFORMATION:

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does anyone in your group have any physical limitations (stand, lift, bend)?  Yes  No Describe: \_\_\_\_\_

## IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Has anyone in your group been convicted of a crime in the last five years?  Yes  No

If yes, what was the nature of the conviction? \_\_\_\_\_

[NORTHERNLAKESFOODBANK.ORG](http://NORTHERNLAKESFOODBANK.ORG)

4503 Airpark Boulevard, Duluth, MN 55811 | 218-727-5653 | [info@northernlakesfoodbank.org](mailto:info@northernlakesfoodbank.org)

# WAIVER, RELEASE AND CONFIDENTIALITY AGREEMENT

I hereby release, indemnify and hold harmless Second Harvest Northern Lakes Food Bank (SHNLFB), its officers, employees, successors, assigns, legal representatives, organizers, sponsors and supervisors of its activities, from any and all claims, causes of action and liability arising from or in any way connected with my volunteer participation with the SHNLFB.

I further understand that I am expressly assuming all risk, including but not limited to all risk of injury associated with my volunteer participation at Second Harvest Northern Lakes Food Bank or in activities conducted off-site. I hereby expressly and specifically assume the risk of injury or harm in the Activities and release released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability, or other insurance cover for any slipping or falling; transporting and lifting; travel to or from the volunteer site; exposure to allergens in the environment including food and nuts; forklifts and other light industrial equipment; and, general risks associated with a warehouse environment. I further understand I am not considered an employee of Second Harvest Northern Lakes Food Bank and therefore am not covered by Second Harvest Northern Lakes Food Bank's Workers' Compensation policy. Second Harvest Northern Lakes Food Bank is not responsible for lost or stolen items.

I further understand that Second Harvest Northern Lakes Food Bank has developed and uses and will be developing and using confidential and proprietary information and in connection with carrying out its mission. "Confidential and proprietary information" includes, but is not limited to, information about computer programs or systems, donors, volunteers, clients, prospective clients, revenues, reimbursements, suppliers, personnel, pricing, policies, operational methods, technical processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public.

I further understand, for good and valuable consideration, I hereby authorize Second Harvest Northern Lakes Food Bank, its partners, Feeding America, and news media to record my name, likeness, image, voice and performance on film, tape or otherwise ("Material"). I agree that the materials may be edited as desired and used in whole or throughout the world in perpetuity. I understand and agree that the Materials may be used in any materials or project at Second Harvest Northern Lakes Food Bank's sole discretion. I understand that I have no rights to the Project, Materials and any other products or benefits derived therefrom. I expressly release Second Harvest Northern Lakes Food Bank from any and all claims arising out of use of the Materials.

I further understand that during and after my volunteer term with Second Harvest Northern Lakes Food Bank I shall keep secret all confidential and proprietary information and not reveal or disclose it to anyone outside of Second Harvest Northern Lakes Food Bank; I shall keep confidential all information related to volunteers, donors, clients and employees; I shall not make use of any such confidential and proprietary information for my own purposes or the benefit of anyone other than Second Harvest Northern Lakes Food Bank.

I also understand that Second Harvest Northern Lakes Food Bank does not permit volunteers who have been convicted of violent crimes, crimes of sexual nature, a theft-related felony, felony level offenses (or higher) that have occurred within the last five years, or a crime whereby the conviction relates to the volunteer position.

I represent that I have the right to enter into this Agreement and that my participation and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

By signing this Application/Agreement I acknowledge that I have read, understand and accept its terms on behalf of my organization/group.

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Organization Contact Signature

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Date