



# Volunteer Release Form



Date: \_\_\_\_\_ Group: \_\_\_\_\_

Name: \_\_\_\_\_

Minor: ☐ (Under 18) Parent/Guardian: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Have you volunteered here before? ☐ Yes ☐ No

In case of Emergency, please contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_



## Statement of Confidentiality

EMPTY BOWLS requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the clients and others they serve. The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from EMPTY BOWLS. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or other volunteers.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer.

I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with EMPTY BOWLS.



## Release of Liability

Any work that is performed as a volunteer is at the volunteer's own risk for injury, accident, disease or illness to himself or herself. EMPTY BOWLS, its Board of Trustees, Executives and Employees are held harmless for any acts performed by its volunteers. I hereby agree to release and discharge EMPTY BOWLS, its officers, and directors, employees, agents, and volunteers from all claims, suits, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities; including any claims based on negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree that I will comply with all applicable federal, state, and local laws while serving as a volunteer for EMPTY BOWLS.

Further, there may be individuals participating in Wichita Falls Area Food Bank activities who are under court ordered community supervision and/or are participating in such activities as court ordered 'restitution' to repay the community and/or the victims of crime. We further understand that these other volunteers and participants may pose a danger to VOLUNTEER, but nevertheless, VOLUNTEER VOLUNTARILY ELECTS TO ACCEPT ALL RISKS connected with VOLUNTEER'S entry into restricted area and/or participation in Wichita Falls Area Food Bank activities.

Revised as of 6/30/2014 2:54 PM



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## Photo Consent

I agree to allow EMPTY BOWLS unrestricted use of photographs taken of me and/or my child in the course of participation in activities sponsored by WFAFB or a local participating agency of the WFAFB network.

I understand that EMPTY BOWLS intends to use such photographs only in connection with official WFAFB publications, social media and documents.

☐ Please check if you do not want to be photographed



## I Agree

I understand and agree that submitting this application form does not automatically register me as a EMPTY BOWLS/WFAFB volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I agree that this shall apply to any incident, injury, accident or death occurring on the date this document is signed and for a period of one year thereafter. By submitting this form, I attest that the information I have provided on the form is true and accurate.

*I, the undersigned Volunteer, hereby request that I be granted permission to (1) enter the restricted area, (2) participate as a Volunteer in Wichita Falls Area Food Bank activities (3) consent to a registered sex offender check \_\_\_\_\_ (initials)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Minor

Minor Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



**Thank you for your interest in the Empty Bowls Event. We appreciate your choosing us to work with. If you have any questions, please feel free to ask!**



# Volunteer Release Form



*THIS MUST BE ATTACHED TO THE RELEASE FORM WITH SIGNATURE OF GROUP POC*

## **MULTIPLE MINORS**

**Date:**\_\_\_\_\_ **Group Name:**\_\_\_\_\_




# Volunteer Release Form



**THIS MUST BE ATTACHED TO THE RELEASE FORM WITH SIGNATURE OF GROUP POC**

## **MULTIPLE IN A GROUP**

**Date:**\_\_\_\_\_ **Group Name:**\_\_\_\_\_


**Acknowledgement that all in group are not registered in the sex offender database** \_\_\_\_\_  
**(initials of group leader)**