

## VOLUNTEER CENTER



## GROUP VOLUNTEER APPLICATION & RELEASE FORM

Feeding America, Kentucky's Heartland must have an application on file for each volunteer.

Please complete all areas below.

Month Day Year			
Group Name:			
Primary Contact Person:			
Street Address:			
City	State	Zip	
Primary's Phone:	(Alt. Phone)	(Cell)	
Primary's Email:			
ALL VO	DLUNTEERS IN GROUP MU	ST SIGN BELOW:	
whatsoever arising out of or in the claims of every kind or nature wh administrators or anyone else who By signing below, I give my consumy photos of me and/or the mino promotional purposes by FAKH.  By signing below, I also certify the	ms of liability for personal injury, death or precourse of my participation in any FAKH evatsoever, foreseen or unforeseen, known or up might claim on my behalf.  ent to be photographed while volunteering were children volunteering with me as listed about I have watched the FAKH Welcome/Safet to the operations at the Volunteer Center, part	ent. This release and waiver externknown and binds myself, my he ith FAKH, and hereby give my peve to be used for informational and by video and understand all of the	nds to all irs, executors, ermission for nd/or rules and
Signature:	Signature:		
Signature:	Signature:_		