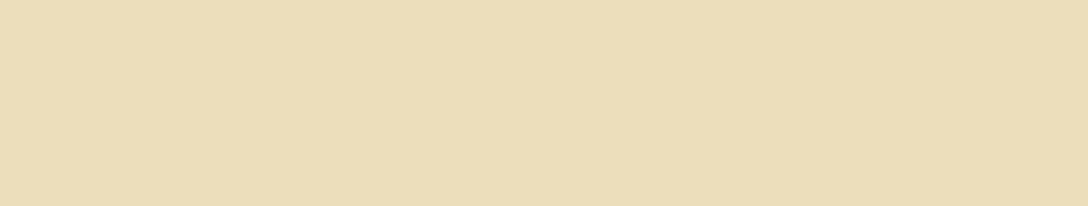
**INDIVIDUAL VOLUNTEER APPLICATION & RELEASE FORM**

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

**Please complete all areas below.**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

  Month Day Year

**First Name:** Male Female

**Last Name:**

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip

**Phone:** (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month Day Year

**Names & Birthdates of any children volunteering with you (use reverse if necessary):**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ⁫ Male ⁫ Female

Month Day Year

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ⁫ Male ⁫ Female

Month Day Year

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ⁫ Male ⁫ Female

Month Day Year

**Liability Release and Waiver AND Photo Release**

I understand there may be some risks involved by volunteering at Feeding America, Kentucky’s Heartland (FAKH). Knowing these facts, I hereby waive, release, discharge and agree to hold harmless FAKH, its agents, employees or anyone acting for or on its behalf from any and all claims of liability for personal injury, death or property damage of any kind or nature whatsoever arising out of or in the course of my participation in any FAKH event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown and binds myself, my heirs, executors, administrators or anyone else who might claim on my behalf.

By signing below, I give my consent to be photographed while volunteering with FAKH, and hereby give my permission for any photos of me and/or the minor children volunteering with me as listed above to be used for informational and/or promotional purposes by FAKH.

By signing below, I also certify that I have watched the FAKH Welcome/Safety video and understand all of the rules and safety precautions as they relate to the operations at the Volunteer Center, particularly the Clean Room. Signed this date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**2018**

