

VOLUNTEER APPLICATION FORM

(For First-Time Volunteers Only)

Please complete this form and bring it with you the first time you volunteer. For children under 16 years of age, an adult should sign and date the form.

Last Name		First Name		Middle N	Middle Name	
Mr. Ms. Mrs. Miss Dr		Preferred nickn	ame:			
Home address:						
Street Address	Apartm		Apartment Num	nent Number		
City		State		Zip Code		
Home Phone: Business Phon		Cell Phone:		ione:		
	()					
Fax Number:	Address:					
Is anyone else at this address a volunt	eer here? Yes	No If yes, W	ho?		_	
Have you ever volunteered with us bei		No If yes, W				
Date of Birth:						
Month: Day:		Year:	Spouse's name:			
I am volunteering with (Group Name)):	If a stude	nt, what	school?		
Emergency Contact:		Emergency Pho	ne Numb	oer: Other	Emergency Number:	
Areas in which I am interested in volu	_					
Warehouse Building Main	=	Office/Clerical Work	=	inary Center	Pick Vegetables	
Special Events Sorting/Repair	cking Food B	ulk Mailings	Age	ncy Monitoring	Data Entry	
	DEI E	ASE OF LIABILI	TV			
The undersigned individual will be e				ecial events, war	rehouse, office and	
related duties for Community Food I						
the individual, who hereby releases (
assigns, representatives, attorneys, su		_				
of them from any and all claims, liab the individual's participation in such						
individual while engaged in such dut						
	DГ	IOTO RELEASE	_			
I hereby grant the Community Food publications, including web site entri	Bank of Eastern	Oklahoma (CFBEO				
Signature				Date		
Signature of parent or guardian if volu	nteer is under 16 y	vears of age				