



Alleviating hunger through food distribution, partnership and education.

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For Office Use

Rcvd: ___/___/___
DP: ___/___/___
VCL: ___/___/___

VOLUNTEER PROFILE

Name: _____ Birthdate: ___/___/___*

Address: _____ City, State Zip: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Affiliation (if any): _____ Position/Title: _____

Affiliation Address: _____ City, State, Zip: _____

Phone: _____ Website: _____

Please indicate the area(s) you are interested in.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> General Office | <input type="checkbox"/> Special Events | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Backpack Buddies Set-Up/Assembly | <input type="checkbox"/> On-site Monitoring Visits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Food Drive Sorting | <input type="checkbox"/> Pick-Up/Delivery Driver | _____ |
| <input type="checkbox"/> Group Leader | <input type="checkbox"/> General Warehouse | _____ |

I am seeking fulfillment of mandated community service hours or an internship/practicum Yes No

Organization/School: _____ Hours needed: _____

Must Be Completed By: ___/___/___

Additional comments: _____

By signing below I acknowledge that I am an "at will" volunteer at the Food Bank of Iowa, meaning that the Food Bank of Iowa may terminate my volunteer position at any time, for any lawful reason, and with or without prior notice. Similarly, I may quit for any reason, at any time, and with or without prior notice. I may also opt out of receiving communications or recognition at any time.

Signature _____ Date _____

*Due to safety precautions, we are unable to allow children under the age of 16 in our warehouse area.

Photographic Release (Optional)

1. I give Food Bank of Iowa, its agents, and their respective licensees, successors and assigned (herein collectively called "the licensed parties"), the right to use, publish and copyright my name, picture, portrait and likeness in publications and other printed matter.
2. I agree that any pictures taken of me by the licensed parties are owned by them. If I should receive any print, negative, or copy thereof, I shall not authorize its use by anyone else.
3. I agree that no other material need be submitted to me for any further approval and the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait, or likeness.

Nothing herein will constitute any obligation on the licensed parties to make any use of any of the rights set forth herein.

Signature _____

Date _____

Recognition Opt-OUT (Optional)

I do **NOT** wish to have my name, photo, or likeness shared in recognition of my volunteer contributions.

Signature _____

Date _____

Confidentiality (Required)

Volunteers may encounter confidential information in the computer system, on printed documents, or in conversations between employees, volunteers, and customers.

1. I will protect the confidentiality of any person's identity, address, phone number, and/or personal details from all who don't have a legitimate reason and authorization for the information.
2. I agree that I will not at any time use any part of that confidential information for any purpose other than the performance of my duties and responsibilities for Food Bank of Iowa.
3. I understand that failure to protect such information could result in disciplinary action, including termination as a volunteer as well as criminal, civil, and/or civil right liability.

Signature _____

Date _____

Driving Record & Criminal Background (As Required for Specific Volunteer Position)

Will you be willing and able to supply a certified copy of your driving record from Iowa DOT? Yes No

Are there any factors or circumstances in your background that would prevent you from being entrusted with children? Yes No

Have you ever been convicted of a crime? Yes No

I hereby give my permission for Food Bank of Iowa to conduct a criminal background and registry check as required for my volunteer position.

Signature _____

Date _____

Thank you for your interest in becoming a volunteer with the Food Bank of Iowa. Unfortunately, hunger continues to be a problem in Iowa. With your help, we can fulfill our mission of alleviating hunger through food distribution, partnership and education. If you have any further questions, please contact us directly at (515) 564-0330.

Please return your completed application to the address, fax number, or email provided.

Volunteer Waiver of Liability



Please print all information.

Volunteer Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone (Home): _____ **Work:** _____ **Cell:** _____

Email: _____

In case of emergency, please contact:

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone (Home): _____ **Work:** _____ **Cell:** _____

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed by (the "Volunteer") in favor of Food Bank of Iowa, a nonprofit corporation, its directors, officers, employees, volunteers, and agents (collectively, "Food Bank of Iowa"). The Volunteer desires to work as a volunteer for Food Bank of Iowa and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include physically demanding projects in a warehouse environment, working in the Food Bank of Iowa office, and promoting Food Bank of Iowa's mission through a variety of events at various partner sites.

The Volunteer hereby freely, voluntarily, and without duress executes this Release for her/himself, her/his personal representatives, heirs, and next of kin under the following terms:

Release and Waiver. Volunteer does hereby release, forever discharge, covenant not to sue and hold harmless Food Bank of Iowa and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Food Bank of Iowa.

Volunteer understands that this Release discharges Food Bank of Iowa from any liability or claim that the Volunteer may have against Food Bank of Iowa with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Food Bank of Iowa, whether caused by the negligence of Food Bank of Iowa or its officers, directors, employees, volunteers, agents or otherwise. Volunteer also understands that Food Bank of Iowa does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. Volunteer does hereby release and forever discharge Food Bank of Iowa from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Food Bank of Iowa.

Assumption of the Risk. The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, lifting heavy objects, bending, and standing for long periods of time. Volunteer agrees to inspect the work sites which s/he enters, and further agrees and warrants that, if at any time, s/he is in or about a work site and feels s/he is unable to perform the duties assigned or feels to be unsafe, s/he will immediately advise a Food Bank of Iowa representative of such and if necessary will leave the work site and/or refuse to participate further in Activities.

VOLUNTEER HEREBY EXPRESSLY AND SPECIFICALLY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, HARM, OR DEATH IN THE ACTIVITIES AND RELEASES FOOD BANK OF IOWA FROM ALL LIABILITY FOR INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR RESULTING FROM THE ACTIVITIES.

Insurance. The Volunteer understands that, except as otherwise agreed to by Food Bank of Iowa in writing, Food Bank of Iowa does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO OBTAIN HIS OR HER OWN MEDICAL OR HEALTH INSURANCE COVERAGE.**

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Iowa. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature: _____

Date: _____

Parent Signature: _____

**Parent/guardian must also sign if volunteer under the age of 18