



Volunteer Waiver of Liability Form

Prefix (Circle One): Mr. Mrs. Ms. Miss Name: _____ Gender: _____

Personal Email: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____, FL Zip: _____ Cell Phone: _____

Volunteer Group: _____ Age: _____

- I am interested in volunteering as a skilled based volunteer. (Volunteer will use current or prior skills to assist FNEFL)
- I or someone I know has experienced or is experiencing food insecurity or hunger and
- I am willing to share my story of food insecurity on behalf of Feeding Northeast Florida.

Closed-toed shoes required, no tank tops. Personal food/drink, and cell phone use permitted in break room or outside only. No smoking. Volunteers must remain in their assigned work area, and be escorted if necessary. Horseplay is not tolerated on the premises. No sitting or climbing on freight. Be alert of power industrial equipment in and around the facility. All volunteers must wash hands and use gloves if appropriate for assigned task. Ask questions if unsure of any assigned task.

Photos, videos, audio and other images in which I appear that are taken during volunteering may be used by Feeding Northeast Florida for news coverage, newsletters, publicity, reports, displays, and for other print, broadcast, web or electronic news or promotional purposes.

Safety is of paramount importance. For the protection of all involved, this disclaimer is necessary: I do not hold Feeding Northeast Florida, or any volunteers liable for any injury, bodily harm, accidents or death of myself/my child during volunteering events sponsored by Feeding Northeast Florida.

REQUIRED: *I must report any injury, no matter how minor. In the event the volunteer suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in this event, on the recommendation of the doctor, after having a consultation with the adults in charge of this event, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the coordinator or other responsible person will advise my emergency contact at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult staff for this event to protect the safety of those involved.*

List any concerns of which the field supervisor should be aware:

Signature _____ Date _____

(Parent/Guardian, if under 18 years of age)

Signature _____ Date _____