



Mailing Address: PO Box 317 • Klamath Falls, OR 97601  
 3231 Maywood Drive • Klamath Falls, OR 97603  
 Ph: (541) 882-1223 • Fax: (541) 882-0065  
 www.klamathfoodbank.org

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Medical Limitations: \_\_\_\_\_

In Case of Emergency Contact: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How did you hear about the Food Bank: \_\_\_\_\_

Please list the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning(s)					
Afternoon(s)					

Do you want to volunteer on a weekly/monthly basis or help out at fundraising events on the weekends? \_\_\_\_\_

May we call you on short notice if a need arises? Yes \_\_\_\_\_ No \_\_\_\_\_

Volunteer positions: **Sorting Food** \_\_\_\_\_

**Putting Together Fundraising Information** \_\_\_\_\_

**Help People Directly At The Pantries** \_\_\_\_\_

**Decorating Barrels** \_\_\_\_\_

**Putting Up Event Posters Around Town** \_\_\_\_\_

**Other** \_\_\_\_\_

Education Background: \_\_\_\_\_

Business Background: \_\_\_\_\_

Do you belong to any organizations: \_\_\_\_\_

Past volunteer experience: \_\_\_\_\_

**\*Please note: A criminal background check may be required when volunteering at the Klamath-Lake Counties Food Bank or its affiliate agencies. We will need your social security number. That number will only be viewed by operations manager.**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Klamath/Lake Counties Food bank

## Volunteer Agreement/Liability Waiver

I, on behalf of myself, my personal representatives, assigns, heirs, and next of kin, do hereby agree to indemnify and hold harmless the Klamath/Lake Counties Food Bank, its employees, volunteers or agents (the "Released Parties") from any and all claims or causes of action that may arise out of the performance of my assigned duties as a volunteer. I waive any right of action I have against the Released Parties in consideration of my participation as a volunteer for the Klamath/Lake Counties Food Bank.

I understand that volunteering at the Klamath/Lake Counties Food Bank may involve working in warehouse conditions including but not limited to: lifting, working around heavy moving equipment, and handling food products including products containing potential allergens. I am expected to follow safety rules and all other rules related to the warehouse. I hereby accept and assume full responsibility for any injury I might suffer while volunteering at the Klamath/Lake Counties Food Bank.

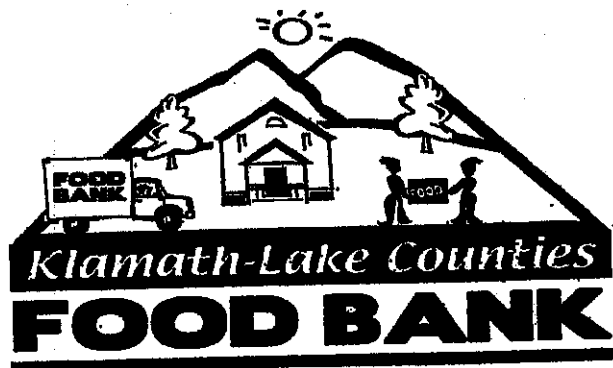
If I am a parent or guardian of a minor who volunteers for the Klamath/Lake Counties Food Bank, I release and forever discharge any and all rights, claims, and causes of action that I may have against the Klamath/Lake Counties Food Bank Parties for any injury, loss or damage in any manner to the minor child, whether caused or contributed to, in whole or in part, by any act, omission, conduct or negligence of the Klamath/Lake Counties Food Bank Parties. The Klamath/Lake Counties Food Bank also has permission to use my voice, name, likeness, photograph, or videotaped image in publicity about the Klamath/Lake Counties Food Bank and its activities.

I acknowledge that this waiver and release is being signed by me voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I have read the above waiver and release of liability and fully understand its contents.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



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### PHOTO/AUDIO/VIDEO CONSENT FORM

I agree to allow the Klamath-Lake Counties Food Bank unrestricted use of photographs taken of me and/or my child in the course of participation in activities sponsored by the Klamath-Lake Counties Food Bank or by a local participating agency of the Klamath-Lake Counties Food Bank. I also agree to allow the Klamath-Lake Counties Food Bank unrestricted use of audio and video recordings of me and/or my child during the course of these activities.

Please  check one of the following:

- The Klamath-Lake Counties Food Bank may use my full name and city in publications, documents, and media.
- The Klamath-Lake Counties Food Bank may use my first name and city in publications, documents, and media.
- The Klamath-Lake Counties Food Bank may use an alias and my city in publications, documents, and media.

I understand that the Klamath-Lake Counties Food Bank intends to use the photos, audio, and video in connection with official Klamath-Lake Counties Food Bank publications, documents, and media. I also understand that Klamath-Lake Counties Food Bank may share the photos, audio, and video with partner organizations for publication.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Child's Name (if applicable)

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Please briefly describe what you are wearing today and what you look like so we can match your name with your photo:

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