



Volunteer Consent Form

(Please PRINT)

Today's Date: _____

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

First Full Name: _____ Nickname: _____ Last Name: _____

Primary Email: _____ Secondary Email : _____

Primary Phone: _____ Secondary Phone: _____

Address: _____ City: _____, IL Zip: _____

County: _____ List the Group Name You Volunteered With Today: _____

Have you volunteered with the Food Bank in the past? If yes, please list any and all groups: _____

Are there any physical limitations which might limit your ability to perform certain types of work or interfere with your safety? Please explain: _____

Will you need verification of your service hours? If yes, please list reason. _____

I do not wish to receive Northern Illinois Food Bank's e-newsletter.

Under 18 years of age.

I understand that volunteering at Northern Illinois Food Bank may involve working in warehouse conditions and can sometimes include, but is not limited to, lifting, packing frozen foods in cooler temps, working around heavy moving equipment, and handling food products including products containing peanuts and tree nuts. I am expected to sign in upon arrival so that the Food Bank is aware I am on the property during my shift time. I am also 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.

Proper dress: sneakers or work boots, long shorts or pants, and a t-shirt or sweatshirt. Volunteers must wear fully enclosed shoes. **Open-toed shoes, keens, heels or slippers will not be allowed; medical boots are not allowed.** Some projects require volunteers to remove jewelry. The Food Bank is not responsible for lost or stolen items; please leave valuables at home.

For Minors:

Volunteers must be at least 8 years of age. Individuals under the age of 18 must have parent/guardian consent prior to volunteering with the Food Bank. In the event of an injury, the parent/guardian authorizes Food Bank staff to seek treatment for minor volunteers and to take action should a medical emergency arise and waive and release my right for damages.

Volunteers are expected to follow safety rules and all other rules related to the project. The Food Bank accepts no liability for minor volunteers who leave the Food Bank property without parental or guardian consent.

Emergency Contact:

First Name: _____ Last Name: _____

Relationship: _____ Phone: _____

Photo Release:

I hereby give Northern Illinois Food Bank permission to copyright and/or use, reuse and/or publish and/or republish pictures or images of me for the purpose of illustration, advertising, and promoting the agency through any medium.

I acknowledge having read and understood the above consent form on this date: _____, 20_____.

Volunteer's Signature

Parent's/Guardian's Signature (for volunteers under 18 years)