

## **First Time Volunteer Sheet**

## **Please Print Information Clearly**

Date:	Preferred Shift:   A.M.	☐ Afternoon ☐ Eve ☐ Weekend
Group Name (if any):		
Name:		
Address:	<u>-</u>	<del>-</del>
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
Emergency Contact Information		
Name:	Relationship:	
Best Phone Number Contact:		
Do you have Medical Insurance? ☐ Yes ☐ N	No	
If injured, can we seek medical attention inc	cluding transportation to the	emergency room? ☐ Yes ☐ No
Do you give the GMFB, its designees, agents form or media, information about you and r with or without identification of you by nam	eproduction of your likeness	· · · · · · · · · · · · · · · · · · ·
In conjunction with my voluntary involvement in Mountain Food Bank, a non-profit charitable orgadministrators to release and discharge the Georgal of the George of the Ge	ganization, I hereby agree, for m rgia Mountain Food Bank, its of s for injuries sustained to my pe esulting from negligence, and I a , agents and volunteers harmles and involvement in such activiti	nyself, my heirs, my assigns, executors, and ficers and directors, employees, agents, and erson and/or property as a result of my agree to release and hold the Georgia Mountain as from any cause or action, claim or suit arising es is voluntary, that I am participating at my own
Are you 18 years old or older? ☐ Yes ☐ No	(If not, a Youth Waiver must	t be signed by Parent/Guardian)
Signature:	Durantian signature 15 1 5	
(Parent/G	Guardian signature if under 1	৪ years old)
I would like to receive emails regarding:	☐ Volunteer Events and	Opportunities
	☐ GMER Talking Points	

**THANK YOU for Volunteering with Georgia Mountain Food Bank!**