

# The Caring Cupboard Volunteer Application Form

## Personal Information:

First Name	
Middle Initial	
Last Name	
Home Address, <i>including city and zipcode</i>	
Primary Phone	
Email Address	
Birthday (mm/dd)	

## Emergency Contact Information:

Emergency Contact Name	
Relationship	
Primary Phone	
Secondary Phone	
Hospital Preference	

As a volunteer of the Caring Cupboard, Inc., I agree to the following statements:

1. I understand that any and all information involving clients of The Caring Cupboard, Inc. shall be considered confidential.
2. I agree to abide by the mission and structure of The Caring Cupboard Inc.
3. I grant The Caring Cupboard Inc. permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

By signing below, I acknowledge that I have read and understood the above statements as they apply to volunteer at The Caring Cupboard Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature (if minor)

\_\_\_\_\_  
Date

## Volunteer Opportunities:

Kitchen  
Receiving  
Sorting  
Front of House

## Days/Times of Availability:

Monday: 8am-12pm  
Wednesday: 8am-12pm, or 5pm-7:30pm  
Friday: 8am-12pm  
Saturday: 9:30am-12pm

VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND,  
INDEMNIFICATION AGREEMENT

I have agreed to serve as a volunteer for the Caring Cupboard, Inc., 131 North Railroad Street, Palmyra, PA 17078, and I recognize that my volunteer participation is a privilege afforded to me by the Caring Cupboard Inc. and I fully understand, appreciate, and assume, all of the risks associated with my volunteer duties. And exchange my participation, I hereby agree to the following:

1. I voluntarily waive, release, and hold harmless the Caring Cupboard Inc., their Board of Directors, officers, employees, agents, and other volunteers from any and all result of, or in any manner connected with, directly or indirectly, my participation as a the The Caring Cupboard Inc., volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event that I am injured in the course of performing my volunteer duties weather on site, offsite, and during transportation to and from the Caring Cupboard, Inc.
2. I shall defend, hold harmless, and indemnify The Caring Cupboard, Inc. their Board of Directors, officers, employees, agents, and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs, and expenses (including, but not limited to, reasonable expert witness and attorney fees) That may at anytime arise or be claimed by any person as a result of bodily injury, death, or property damage, as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my volunteer duties weather on site off site and during transportation to and from The Caring Cupboard, Inc.

I have read, fully understand, and agree to the assumption of risk, waiver, release, hold harmless, and indemnification terser set forth above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Volunteer Date of Birth

\_\_\_\_\_  
Emergency Contact Phone

NOTE: If the volunteer is under 18 years of age, a parent of legal guardian must sign this agreement on behalf of the volunteer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name