



**VOLUNTEER APPLICATION
PCF/Food Backpacks 4 Kids**

P.O. Box 173, Gig Harbor, WA 98335
(253) 857-7401

Please Print

Date _____

First Name _____ MI _____ Last Name _____

Maiden Name _____ Date of Birth Month _____ Date _____ Year _____

Address _____

City _____ State _____ Zip _____

____ Male ____ Female E-mail Address: _____

Cell Phone () _____ Home Phone () _____

Emergency Contact _____ Relationship _____ Phone () _____

Areas of Interest: ____ Food Packaging ____ Backpack Packing ____ Events ____ Fundraising ____ Grants

____ Van Driver ____ Food/Garden Growing ____ Clerical Support ____ Evening Distribution ____ Other

Conditions of Volunteer Participation and Release from Liability

Ethnic Origin: As a non-profit organization FB4K is often asked to provide statistical information. The following is confidential and collected only for this purpose: ____ African American ____ Asian/Pacific ____ Caucasian ____ Hispanic ____ Other

Background Checks: I swear all statements in this application are true and correct. If any information submitted is false, it may result in my not being allowed to volunteer. I understand that an investigative report is required and my signature authorizes PCF/FB4K to complete at minimum the Washington State Patrol background check. I have the right to request a disclosure in writing of the nature and scope of the investigation.

Volunteer Terms: I agree to abide by PCF/FB4K policies, procedures, and Code of Conduct. I understand that PCF/FB4K does not provide any health benefits (i.e. medical, dental, worker's compensation, etc.) or any accident insurance for me as a volunteer. I understand it is my responsibility to provide this coverage. I understand that PCF/FB4K does not provide volunteer compensation or trade volunteer services for food or other commodities.

Property Loss: I understand that PCF/FB4K is not responsible for my personal property if lost, damaged, or stolen while participating in PCF/FB4K volunteer activities.

Medical Treatment: I give permission for PCF/FB4K representatives to provide or arrange for emergency care for me, and arrange for transportation to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that PCF/FB4K is not responsible for payment for such medical treatment.

Photograph Permission: I give permission for the PCF/FB4K to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret PCF/FB4K programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing this document, I release PCF/FB4K, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

Applicant's Signature _____

Signature of Parent/Guardian if volunteer applicant is under 18: _____