

## **Volunteer Consent Form – Warehouse**

(Please PRINT)

Today's Date:			
Prefix (Circle One): Mr. Mrs. Ms. Miss	Gender:	Birth Month:	Birth Date:
First Full Name:	Nickname:	Last	Name:
Primary Email:		Secondary Email:	
Primary Phone:		Secondary Phone:	
Address:		City:	, IL Zip:
County:			
Please List the Group Name You Volunteered	d With Today	:	
Have you volunteered with the Food Bank in	the past? If	yes, please list any and all gro	ups:
Are there any physical limitations which mig safety? If so, please explain:	-		
Will you need verification of your service ho	urs? If yes, p	lease list reason	
I do not wish to receive Norther	rn Illinois Food	d Bank's e-newsletter.	Under 18 years of age.

I understand that volunteering at the Northern Illinois Food Bank may involve working in warehouse conditions and can sometimes include, but is not limited to, lifting, working around heavy moving equipment, and handling food products including products containing peanuts and tree nuts. 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 Northern Illinois Food Bank.

Proper dress: sneakers or work boots, long shorts or pants, and a t-shirt or sweatshirt. Volunteers must wear close-toed shoes. Volunteers wearing *open-toed shoes will not be allowed* in the warehouse and will be asked to leave. There are particular projects where volunteers cannot wear any jewelry. Northern Illinois Food Bank is not responsible for any lost or stolen items; please leave valuables at home.

Our projects are designed for specific time periods so **volunteers must commit to the entire shift**. If you are going to be late or need to leave early, we ask that you schedule an alternate volunteer shift.

## For Minors:

Volunteers must be at least 8 years of age. Every individual under the age of 18 must have parent/guardian consent prior to volunteering with Northern Illinois Food Bank.

In the event of an injury, the parent/guardian authorizes Food Bank staff to seek treatment for minor volunteers and to take other 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 warehouse. 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:	
Primary Phone:	Secondary Phone:
	mission to copyright and/or use, reuse and/or publish and/or e of illustration, advertising, and promoting the agency through
I acknowledge having read and understood the abov	re consent form on this date:, 20
Volunteer's Signature	Parent's/Guardian's Signature (for volunteers under 18 years)