



# North Dearborn Pantry

## VOLUNTEER APPLICATION

Name			
Address			
City, State, Zip			
Cell			
Other Phone			
Email			
DOB		Are you a minor?	Yes / No

In Case of Emergency, NDP should contact:

Name		Relationship	
Cell		Other Phone	

Please check areas of interest:

<input type="checkbox"/>	Regular Scheduled Floor Shifts	<input type="checkbox"/>	Truck Driving
<input type="checkbox"/>	Computer Input	<input type="checkbox"/>	Warehouse/Heavy Lifting
<input type="checkbox"/>	Stocking	<input type="checkbox"/>	Sorting/Hanging Clothing
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Other (specify)

I hereby understand and assume any and all liability and risk in performing volunteer services at North Dearborn Pantry, Inc. (NDP). I hereby waive and release NDP, its agents and representatives, the Board of Directors, officers and volunteers from any and all liability and claims which may accrue to me, my heirs; estate, guardians, administrators and exectutors. I hereby waive and release North Dearborn Pantry, Inc. I also grant permission to NDP and its authorized agents to use my name, image, likeness and any other record of my participation.

I, \_\_\_\_\_ (print name) agree to indemnify North Dearborn Pantry, Inc. for any and all damages sustained by reason of my gross negligence, reckless or intentional acts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer is under 18 years old, partent or legal guardian must also sign.

Parent / Guardian (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_