



South Texas Food Bank
 1907 Freight Laredo, TX 78041
 Phone: (956) 726-3120 Fax: (956) 725-1309
 southtexasfoodbank.org

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name:		
Home Phone:	Work Phone:	Extension:
Current address:		
Age if under 18:	Email:	Mobile:
City:	State:	ZIP Code:

EMERGENCY CONTACT

Emergency Contact:		Relationship:	
Address:		Phone:	Mobile:
City:	State:	ZIP Code:	
Name of a person not residing with you:		Relationship:	
Emergency Contact:		Relationship:	
Address:			
City:	State:	Zip Code:	Phone:

INTERESTS Circle your areas of interests

Administration	Events	Field Work	Fundraising
Newsletter production	Volunteer coordination	Food repacking/Bagging	Vehicle Maintenance
Computer Maintenance	Building Maintenance (carpentry, plumbing, painting)	Deliveries (must have a valid Texas Driver's license, clean driving record)	Arts, Graphic, Photography

EDUCATION (Circle your response)

Highest grade level completed	1	2	3	4	5	6	7	8	9	10	11	12
College Completed	Some college	Associates	Bachelors	Masters	Doctorate							

SPECIAL SKILLS OR QUALIFICATIONS Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities including hobbies and sports.

PREVIOUS VOLUNTEER EXPERIENCE (Summarize your previous volunteer experience)

REFERENCE

Name:	Address:	Phone:
-------	----------	--------

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application or the non-compliant with the guidelines may result in my immediate dismissal. I assume all risks and hazards incidental to such volunteer participation and hereby waive, release, absolve, indemnify, and agree to hold harmless to the South Texas Food Bank. I freely and voluntarily consent to be photographed. I further certify and grant full permission to the South Texas Food Bank or any production studios working for on behalf of the South Texas Food Bank, to use my name and photo for publications, promotional materials, website or public media.

Signature of applicant:	Date:
If under 18, legal guardian signature required:	Date:



SOUTH TEXAS
FOOD BANK

Providing a Brighter Future Since 1988

1907 Freight St.
P.O. Box 2007
Laredo TX 78046
Phone: (956) 726-3120
Fax: (956) 725-1309

Community Service/Volunteer

Schedule

Monday – Friday 8:00 a.m. No later than 9:00 a.m. – 12:00 p.m. or
1:00 p.m. no later than 2:00 p.m. - 5:00 p.m.

Lunch Break 12:00 p.m. – 1:00 p.m.

Saturday 8:00 a.m. – 12:00 p.m. For all volunteers (court mandated volunteers must be under the age of 18)

Group: Contact the Food Bank Volunteer Coordinator one week prior to schedule the day, arrive and depart time, and to confirm the number of group members. Please call three days before if you cannot attend or if you want to change your scheduled date.

RULES

- **Arrive on time or you will not be allowed to perform community service that day.**
- Respect others and do not use abusive or profane language.
- Obey the site supervisors.
- Do not leave the worksite without permission.
- Do not carry any sort of weapon.
- Do not deliberately destroy or deface any tools or property.
- Never accept any tips or cash from anyone in association with community service or at the designated worksite.
- Wear appropriate clothing (jeans & t-shirt) For sanitary reasons, **NO shorts, NO sleeveless shirts are permitted. No logos of cigarettes, beer, illegal drugs or gang paraphernalia.**
- **No flip-flops/sandals, heels, or open-toed shoes are permitted.** Comfortable, safe, and covered footwear is necessary (sneakers, work shoes, or boots).
- **No cellular phone allowed . Please leave them in your car or at the front desk.**
- **No gang-related activities or paraphernalia.**
- Always leave purses, jewelry, and other valuables at home or in your car trunk – **Food Bank is NOT responsible for missing personal belongings.**
- No eating, drinking, running, or smoking in warehouse.
- Do not remove any product from the premises.
- Do not be under the influence of drugs or alcohol.
- No breaks are allowed during working hours, with the exception of supervised groups.
- No one is allowed to enter the offices.
- Must wear safety vest at all times.
- During 12:00 p.m. – 1:00 p.m., if you stay in the building, you must remain in the lobby area.

I understand the failure to follow these rules will disqualify me from the participation from this program. I also understand that it is my responsibility to notify the proper authority whether I have been disqualified or not.

Signature: _____ **Date:** _____



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on (date) _____ by (name of volunteer candidate) _____ ("Volunteer") releases SOUTH TEXAS FOOD BANK, ("Nonprofit") a nonprofit corporation organized and existing under the laws of the State of Texas and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as volunteer _____

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successor and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provided to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit and from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assure any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by me.



- 3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.

- 4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to _____
 _____ (FILL IN here any specific known dangerous activity, such as “construction work” or hazardous activities) involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release Nonprofit from all liability for injury, illness, death or property damage resulting from the services I provide as a Volunteer or occurring while I am providing volunteer services.

- 5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video or audio recording of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

- 6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

Volunteer is under the age of 18, a parent or guardian must sign form.



South Texas Food Bank
Photograph/Video Permission & Waiver Form

Subject/Event/Program: _____

Location: _____

Date: _____

I give permission to the South Texas Food Bank, its representatives and employees to take photograph(s) and/or video of me and/or my property in connection with the above-identified subject/event/program without any restrictions. I authorize the South Texas Food Bank, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the South Texas Food Bank may use such photograph(s) and/or video of me with or without my name and for any lawful purpose and that is in relation to the food bank such as: publicity, illustration, advertising (print & broadcast) and online content. I also agree to make no monetary or other claim against The South Texas Food Bank, its assignees and transferees for using photograph(s) and/or video of me.

I have read and understand the above:

Signature: _____

Print name: _____

Organization Name (*if applicable*): _____

Address or Phone: _____

Signature, parent or guardian (*if under age 18*): _____

Restrictions (*if any*):

I give permission I give permission to the South Texas Food Bank, its representatives and employees to take photograph(s) and/or video of me and to use and publish the same in print and/or electronically as expressed above, but with the following restriction(s):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Do not take photo(s) of/ or use my face | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Do not use my name | |

Signature: _____

Print name: _____

If you have any questions, contact **The South Texas Food Bank Marketing Department:**

Address: 1907 Freight St. Laredo, TX 78040
Tel: 956-726-3120
Fax: 956-725-1309



South Texas Food Bank
Video Surveillance Waiver Form

For personnel and food safety reasons, The South Texas Food Bank engages in surveillance activities in the facility.

This form acknowledges that the food bank engages in such surveillance and monitoring practices. There should be no expectation of privacy in the workplace except in private areas such as restrooms and emergency shower.

I have read, understand and agree to The South Texas Food Bank policies on workplace monitoring and surveillance:

Signature: _____

Print name: _____

Organization Name (*if applicable*): _____

Address or Phone: _____

Signature, parent or guardian (*if under age 18*): _____

If you have any questions, contact **The South Texas Food Bank Human Resource Department:**

Address: 1907 Freight St. Laredo, TX 78040
Tel: 956-726-3120
Fax: 956-725-1309