

Volunteer Application

Please check all that apply

☐	Adult Probation	☐	Truancy Court
☐	Choices	☐	Volunteer
☐	Juvenile Probation	☐	Wichita County
☐	Municipal Courter	☐	Workforce
☐	Teen Court	☐	

Date: _____ Group: _____

Name: _____

Minor: (Under 18) Parent/Guardian Signature: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____ Have you volunteered here before? Yes No

In case of Emergency, please contact: _____

Phone: _____ Alternate Phone: _____



Statement of Confidentiality

WFAFB requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the clients and others they serve. The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from WFAFB. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or other volunteers.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer. *I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with WFAFB.*



Release of Liability

Any work that is performed as a volunteer is at the volunteer's own risk for injury, accident, disease or illness to himself or herself. WFAFB, its Board of Trustees, Executives and Employees are held harmless for any acts performed by its volunteers. I hereby agree to release and discharge WFAFB, its officers, and directors, employees, agents, and volunteers from all claims, suits, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities; including any claims based on negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree that I will comply with all applicable federal, state, and local laws while serving as a volunteer for WFAFB.

Further, there may be individuals participating in Wichita Falls Area Food Bank activities who are under court ordered community supervision and/or are participating in such activities as court ordered 'restitution' to repay the community and/or the victims of crime. We further understand that these other volunteers and participants may pose a danger to VOLUNTEER, but nevertheless, VOLUNTEER

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VOLUNTARILY ELECTS TO ACCEPT ALL RISKS connected with VOLUNTEER'S entry into restricted area and/or participation in Wichita Falls Area Food Bank activities.



Photo Consent

I agree to allow WFAFB unrestricted use of photographs taken of me and/or my child in the course of participation in activities sponsored by WFAFB or a local participating agency of the WFAFB network. I understand that WFAFB intends to use such photographs only in connection with official WFAFB publications, social media and documents.



Please check if you do not want to be photographed

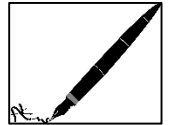


I Agree

I understand and agree that submitting this application form does not automatically register me as a WFAFB volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I agree that this shall apply to any incident, injury, accident or death occurring on the date this document is signed and for a period of one year thereafter. By submitting this form, I attest that the information I have provided on the form is true and accurate.

I, the undersigned Volunteer, hereby request that I be granted permission to (1) enter the restricted area, (2) participate as a Volunteer in Wichita Falls Area Food Bank activities (3) consent to a registered sex offender (4) Read and understand the orientation/volunteer information sheet check _____ (initials)



Signature: _____ Date: _____

Minor Signature: _____ Parent/Guardian Signature: _____

Thank you for your interest in the Wichita Falls Area Food Bank. We appreciate your choosing us to work with. If you have any questions, please feel free to ask!



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THIS MUST BE ATTACHED TO THE RELEASE FORM WITH SIGNATURE OF GROUP POC

MULTIPLE MINORS

Date:_____ **Time In:**_____ **Time Out:**_____

Group Name:_____

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MULTIPLE IN A GROUP

Date: _____ Time In: _____ Time Out: _____

Group Name: _____

Acknowledgement that all in group are not registered in the sex offender database _____ (initials of group leader)