



Serving children in our Bellevue schools

BACKPACK MEALS FOR KIDS

BECAUSE CHILDREN SHOULDN'T GO HUNGRY ON THE WEEKENDS

VOLUNTEER APPLICATION FORM

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Languages Spoken: _____

Do You Have A Valid (State) Driver's License? Yes No

License Number: _____

Vehicle License Plate Number: _____

Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency?

Telephone Number: _____

Relationship _____

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature of Applicant



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Backpack Meals for Kids Photo Release

I agree to grant to Backpack Meals for Kids and its authorized representative's permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote Backpack Meals for Kids and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Signature of participant

Date

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Physical Activity Release of Liability and Indemnification

I, _____, hereby acknowledge my awareness that my participation of my physical activities related to the volunteer work for or on behalf of Backpack Meals for Kids, may include food purchase, processing, packing and distribution activities relating to the mission of Backpack Meals to provide food to children in the Bellevue School district.

I have been informed and understand that my participation in the aforementioned activities may expose me to certain foreseeable and unforeseeable risks of damage and/or bodily injury.

I knowingly, freely and voluntarily assume all risks and engage myself in the participation of the above-mentioned activities.

I hereby release Backpack Meals for Kids, a sub agency of Eastside Social Concerns Council, and the respective executives, officers, directors, agents, employees, and fellow volunteers of such entities ("Backpack Meals") from any and all liability arising out my participation of the above mentioned activities and hereby waive my rights herein to assert any claim(s) for damages, bodily injury or serious bodily injury to the fullest extend allowed by law.

I further agree that I will hold harmless and indemnify Backpack Meals against any and all claim(s) for damages, bodily injury or serious bodily injury, including attorneys fees arising out of or in connection of my participation in the above mentioned activities whether caused by negligence or otherwise.

I fully understand the terms set forth in this form, and I hereby execute this Activity Release of Liability Form.

(Signature)

Date

(Signature of Parent or Guardian, Date if a minor)