VOLUNTEER APPLICATION FORM

(For ALL Volunteers)

Please complete this form and bring a copy with you.
For children under 16 years of age, an adult should sign and date the form.

T-SHIRT SIZE: _____

Community **FOOD BANK** of Eastern Oklahoma

Last Name	**First Name**	**Middle Name**

☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Miss** ☐ **Dr.** ☐ _____ **Preferred nickname:** _____

Home address:

Street Address	**Apartment Number**

City	**State**	**Zip Code**

Home Phone: ( )	**Business Phone:** ( )	**Cell Phone:** ( )

Fax Number: ( )	**E-mail Address:**

Is anyone else at this address a volunteer here? Yes _____ No _____ If yes, Who? _____
Have you ever volunteered with us before? Yes _____ No _____ If yes, When? _____

Date of Birth:

Month:	**Day:**	**Year:**	**Spouse's name:**

I am volunteering with (Group Name): SkillsUSA Oklahoma Alumni & Friends Association: **Service Project**	**If a student, what Tech Center or HS?**

Emergency Contact:	**Emergency Phone Number:**	**Other Emergency Number:**

Areas in which I am interested in volunteering:

☐ **Warehouse** ☐ **Building Maintenance** ☐ **Office/Clerical Work** ☐ **Culinary Center** ☐ **Pick Vegetables**
☐ **Special Events** ☒ **Sorting/Repacking Food** ☐ **Bulk Mailings** ☐ **Agency Monitoring** ☐ **Data Entry**

RELEASE OF LIABILITY

The undersigned individual will be engaged in volunteer service in the form of special events, warehouse, office and related duties for Community Food Bank of Eastern Oklahoma ("CFBEO"). This participation is voluntary on the part of the individual, who hereby releases CFBEO, its director, employees, agents, Board of Directors, predecessors, successors, assigns, representatives, attorneys, subsidiaries, and affiliates; and all persons acting by, through or in connection with any of them from any and all claims, liabilities, damages, losses, demands, and actions of any nature whatsoever arising out of the individual's participation in such duties. Such release extends to any injury, damage, loss, or liability incurred by the individual while engaged in such duties, whether occurring on or off the premises owned or operated by CFBEO.

PHOTO RELEASE

I hereby grant the Community Food Bank of Eastern Oklahoma (CFBEO) permission to use my photograph in any and all publications, including web site entries, without payment or any other consideration in perpetuity.

_____ _____
Signature ***Date***

_____
Signature of parent or guardian if volunteer is under 16 years of age

Return this Completed Application to: **SkillsUSA Oklahoma Alumni & Friends Association**

Mail: 1500 West 7th Avenue, Stillwater, OK 74074-4364 **OR** **Fax**: 405-743-5142 **OR** **Email as a signed PDF:** skillsusaokalumni@gmail.com