



# Volunteer Application

Please complete and return to:  
Email: volunteer@hawaiifoodbank.org  
PH: 808-954-7866 Fax: 808- 836-2272

**Volunteer Opportunity:** \_\_\_\_\_

**Date of Volunteer Opportunity:** \_\_\_\_\_

Circle One: Mr. Mrs. Ms. Miss Would you like to receive information about upcoming volunteer opportunities? Yes No  
Please Print **Legibly**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **E/C Phone:** \_\_\_\_\_

**Group/Organization/ Agency:** \_\_\_\_\_

**In response to COVID-19 we are taking our lead from the State Department of Health and CDC to protect the health of our volunteers, staff, and community. We are strictly enforcing the following: any volunteer who is exhibiting symptoms of illness or possible illness must remain home and can resume volunteer shifts when they are medically cleared from all illness symptoms, without aid from medication. Should any volunteer arrive at the warehouse showing symptoms of illness, we will kindly ask them go home.**

**Volunteer Eligibility Recommendations:**

- \_\_\_ No existing chronic medical condition (i.e. diabetes, heart disease).
- \_\_\_ I am not experiencing any common flu symptoms, i.e cough, fever or shortness of breath.
- \_\_\_ I have not had any contact with someone who has exhibited coronavirus or other illness symptoms in the past 14 days.
- \_\_\_ I have not traveled in the past 14 days.

**We will be enforcing the following procedures for those well enough to volunteer:**

- All persons entering the warehouse are required to wash their hands.
- If you are handling food you will be required to wear gloves (provided by the Hawaii Foodbank).
- Avoid touching your nose, eyes, and mouth.
- If you need to cough or sneeze, cover your nose/ mouth with a tissue or into your bent elbow, then wash your hands.

★ **Covered shoes are mandatory.** Cool comfortable clothing is also recommended. Handbags, backpacks & other bulky items are discouraged. Ample cold bottled water will be provided throughout the activity. ★ **Carpooling is highly recommended;** parking is prohibited at the Goodwill.

**RELEASE AND WAIVER**

I am volunteering to assist the Hawaii Foodbank in its events including but not limited to: donation solicitation, food drives and other such activities. I understand there may be some risks involved in participating in any sponsored event. I consent to having my temperature taken prior to participation and the foodbank is not liable if I am exposed to or contract COVID-19 during volunteer activities. Knowing these facts, I hereby waive, release, discharge and agree to hold harmless the Hawaii Foodbank, its agents, employees or anyone acting for or on its behalf from any and all claims of liability for personal injury, death or property damage of any kind or nature whatsoever arising out of or in the course of my participation. I understand there may be some risks involved in participating in any sponsored event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown and binds myself, my heirs, executors, administrators or anyone else who might claim on my behalf. I further grant full permission to the Hawaii Foodbank or agents authorized by them to use any photographs, video and recordings or any other record of this event for any Hawaii Foodbank purpose including: art, advertising, promotional collateral, publications, website and media in-cluding: social, print, broadcast and electronic or digital media.

**By my signature below, I acknowledge the above release and waiver.**

X \_\_\_\_\_  
SIGNATURE OF VOLUNTEER

DATE: \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (required for any one under 18)

DATE OF BIRTH FOR YOUTH (UNDER 18): \_\_\_\_\_

**Parent/Guardian Permission**

I verify that \_\_\_\_\_ (print youth's name) is currently \_\_\_\_\_ years of age and I, \_\_\_\_\_ (print parent's/guardian's name) give permission for him/ her to participate in a Hawaii Foodbank activity at the warehouse located at 2611 Kilihau Street, Honolulu, HI, 96819.