



# Community Food Bank

## Organization Volunteer Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. **Purpose and description of Organization:** \_\_\_\_\_

Ages of group members: \_\_\_\_\_

**CFB requires 1 adult per 5 individuals under 16 years of age\*\*. (Limited opportunities for those under 16 years old.)**

Additional information which may be helpful in determining special projects for your group:

\_\_\_\_\_  
\_\_\_\_\_

2. **Availability**

Weekdays: Days and Hours: \_\_\_\_\_

Weekends: Days and Hours: \_\_\_\_\_

Willing to work on special projects

Date(s) available: \_\_\_\_\_

3. **Any physical limitation of group members?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. **Would your group care to have someone come and speak to them about the Community Food Bank?**

Yes  No

**\*\* If any group members are under 16 years of age, the Community Food Bank requires a signed parental consent form.**

*Please see reverse side for group waiver.*

Please mail this form to: Community Food Bank, Attn: Volunteer Services Coordinator  
P.O. Box 26727, Tucson, AZ 85726

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For Office Use Only

Date Rec'd \_\_\_\_\_ Rec'd By \_\_\_\_\_ Orientation/Tour \_\_\_\_\_ Assignment \_\_\_\_\_ Other \_\_\_\_\_

# Group Waiver

We hereby agree to hold harmless and waive any and all claims or causes of action against the Community Food Bank arising out of any cause whatsoever, including but not limited to claims arising out of the negligence or intentional conduct of its employees or agents. I attest that all members of the group are physically fit and prepared to perform the tasks assigned to them as CFB volunteers subject to all personal limitations and restrictions described under item 3. Group members agree to use their personal insurance as the primary provider in the event of injury due to their work as volunteers for the Community Food Bank. We also grant the Community Food Bank full permission to use photographs of us.

Group Name: \_\_\_\_\_

Group Coordinator's Name: \_\_\_\_\_  
Please Print

Group Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_