



# Volunteer Profile

1380 E. Kibby St., Lima, OH | (419) 222-7946 | [www.westohiofoodbank.org](http://www.westohiofoodbank.org)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

If you are able to volunteer on a consistent basis, please let us know your available days and times:

Please indicate your physical limitations by marking which activities listed below you CANNOT perform:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Stand for extended periods of time | <input type="checkbox"/> Stoop, kneel, crouch or crawl   | <input type="checkbox"/> Work in a moderately loud environment   |
| <input type="checkbox"/> Sit for extended periods of time   | <input type="checkbox"/> Work in a humid environment     | <input type="checkbox"/> Work near moving mechanical parts       |
| <input type="checkbox"/> Manual dexterity of your hands     | <input type="checkbox"/> Work in a very cold environment | <input type="checkbox"/> Climb in/out of trucks and/or docks     |
| <input type="checkbox"/> Reach with hands and/or arms       | <input type="checkbox"/> Work inside a freezer of -10°   | <input type="checkbox"/> Ability to lift 30+ pounds consistently |
| <input type="checkbox"/> Climb and balance                  | <input type="checkbox"/> Work inside a cooler of 32°     | <input type="checkbox"/> Ascend/descend flights of stairs        |

I, the undersigned, in consideration of and as a condition of acceptance of participation in activities involved with volunteering at the West Ohio Food Bank, for myself, my heirs, executors and administrators hereby waive any claim, rights of claim, cause of any action which I or they might have arising out of loss of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequences upon my participation in all events taking place during my participation as a volunteer. I attest I am physically fit and can participate in volunteering at the West Ohio Food Bank. I consent to receive medical treatment that may be advisable in the event of illness or injuries suffered by me/minor during volunteering. I provide my consent for the West Ohio Food Bank to seek emergency treatment for the minor, if necessary. I agree to accept financial responsibility for the costs related to the emergency treatment.

I agree to abide by the conditions of the events as stated in the declaration above and upon literature and other material distributed in connection with this organization. If the participant is a minor (under 18), I agree that the minor has my consent to volunteer at the West Ohio Food Bank.

\_\_\_\_\_  
Signature of Volunteer (if volunteer is 18 years or older) Date

\_\_\_\_\_  
Signature of Parent or Guardian (if volunteer is 17 years and younger) Date

**Photo Consent:** I hereby consent and otherwise grant permission to West Ohio Food Bank, its customers, vendors and media to use video, audio and/or photographs of me made for such purposes as it deems useful or necessary for its business. I understand that the video, audio and/or photographs may be edited and altered and used in such edited or altered form. I further authorize and grant permission that the video, audio and/or photographs may be reproduced and distributed to others and published on public or private sites and therefore viewable by the public. I understand that the video, audio and/or photographs will be widely shown and consent to the same. I realize that by signing this Release of Authorization that I am waiving my right of privacy, and any other right as it may pertain to use of the audio and/or photographs or any part of the video.

I further state that I am an adult or the parental and/or guardian for said person and I am competent and not suffering under any disability; that I have read and understand this Release and Authorization; and that I am signing this Release and Authorization freely and voluntarily after carefully reading it.

\_\_\_\_\_  
I can be photographed (Signature)

\_\_\_\_\_  
I CANNOT be photographed (Signature)