SHIFT 1: 4:00-6:00 p.m. (**Check in begins at 3:30 p.m.**)_____

SHIFT 2: 6:00-9:00 p.m. (Dinner at 6:00)_____

BOTH SHIFTS: 4:00-9:00 p.m. _____

Name of UNION or Organization: _____

Dinner served at 6:00-6:30 p.m.

Email or FAX completed application to:
LCSP@hawaflcio.org
808-593-2149
Registration Deadline: May 1, 2019
****ONE APPLICATION PER PERSON****

NALC Food Drive - Volunteer Application

Date/Time: May 11, 2019 4:00-9:00 p.m.
(Check in begins at 3:30 p.m.)
Location: Hawaii Foodbank Warehouse
2611 Kilihau St. Honolulu, HI 96819
CLOSED TOE SHOES are required
All minor volunteers must be 16 years old or older with parental consent

Circle One: Mr. Mrs. Ms. **PLEASE PRINT CLEARLY**

Name: _____

Mailing Address: _____

City, State, Zip: _____

Best Phone to Call On: _____ E-mail Address: _____

Place of Employment:: _____

Some volunteer positions require lifting up to 50 lbs. Do you have any conditions that would restrict your ability to lift or carry up to 50 lbs? Please circle one: YES NO

Emergency Contact: _____ Phone: _____

RELEASE AND WAIVER

I am volunteering to assist the Hawaii Foodbank in its sponsored 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. 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 participating in any Hawaii Foodbank sponsored events. 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 including: social, print, broadcast and electronic or digital media.

X _____
SIGNATURE DATE _____

X _____
SIGNATURE OF PARENT/GUARDIAN (If volunteer is under 18 years old)

*Volunteer forms for minors will be accepted only with parent/guardian signature above. (**Minimum age is 16.**)*