



# Volunteer Application

Date: \_\_\_\_\_

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

In some cases, we will provide a t-shirt to wear. What is your t-shirt size (adult size)? \_\_\_\_\_

## VOLUNTEER INFORMATION

Do you have a community service requirement that you need to fulfill? If so, please explain: \_\_\_\_\_

Please describe any physical limitations, if any: \_\_\_\_\_

What other non-profits have you volunteered for? \_\_\_\_\_

List any special skills, knowledge or experience that could transition well to your volunteering experience: \_\_\_\_\_

Please check all areas that interests you:

\_\_\_ In the office (label supplies, shred, clerical duties, etc. Office Hours: Mon – Fri, 8 am – 5 pm)

\_\_\_ On the trucks (Weekdays 5:30 am – 1:30 pm; Weekdays 7:00 am – 2:00 pm)

\_\_\_ Special events (Food drives, Compassion in Arts, etc.)

\_\_\_ On call to help rescue food. Do you have access to your own vehicle? Yes \_\_\_ or No \_\_\_

\_\_\_ Farmer's Market GIFT table (collecting produce from shoppers & vendors)

\_\_\_ Weds at Blaisdell, 4 – 7 pm      \_\_\_ Sat at KCC, 8 – 11 am

\_\_\_ Be an advocate (learn how you can educate others about Aloha Harvest)

\_\_\_ Just this one time for (list date/event) \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Yes, I want to be put on your mailing and email list!

\_\_\_ Yes, I grant Aloha Harvest, its representatives and employees the right to take photographs of me and may use these photographs (with or without my name) for any lawful purpose such as publicity, illustration, advertising and web content.

## WAIVER AGREEMENT

- I agree to keep all Aloha Harvest information including, but not limited to Names, Address, Phone Numbers, Donor and Financial Information, confidential. I agree not to use my affiliation with Aloha Harvest for any unauthorized personal use and/or gain.
- I confirm that all information on this application is true, and agree to observe all Aloha Harvest rules and regulations. I understand that I may be required to attend an orientation and training session and that my completed application does not guarantee me a volunteering assignment.
- I hereby waive, release and forever discharge ALOHA HARVEST, its employees, staff and volunteers, from any and all liability for any personal injuries or property damage that I may sustain as a result of, or during, my participation in any ALOHA HARVEST events/volunteer activities, including any personal injuries or property damage that I believe I may have sustained as a result of the negligence, in whole or in part, of ALOHA HARVEST.

I further agree to indemnify ALOHA HARVEST, its employees, staff and volunteers from any and all claims of any nature whatsoever, including, but not limited to, personal injury and property damage, by any third party or third parties, which they claim are caused, in whole or in part, as a result of any act(s) or conduct, whether unintentional, negligent, or intentional, which may occur immediately prior to, during, or immediately following any ALOHA HARVEST events. In addition, I agree that I cannot hold the event location owners liable for any damages.

By executing this waiver, release, agreement to indemnify and hold harmless, I acknowledge that I understand and agree to accept each of the statements, waivers, releases and agreements contained in this document and by my affixing my signature hereto affirm that I will abide by these policies.

I am of legal age and do hereby understand and agree to all of the statements and terms above.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parental/Guardian Consent (if under 19 years old): I am the parent or legal guardian of the above listed person and do agree to the statements and terms listed above

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **Send in application by:**

Mail – 3599 Waiālae Avenue #23, Honolulu, Hawaii 96816

E-mail – [mele@alohaharvest.org](mailto:mele@alohaharvest.org)

Fax – (808) 537-6970