Second Harvest Food Bank of
Greater New Orleans and
Acadiana
1201 Sams Avenue
New Orleans, Louisiana 70123
504.734.1322 Main
www.no-hunger.org
*Feeding Hope.*

# Second Harvest Food Bank of Greater New Orleans and Acadiana

## VOLUNTEER PROFILE AND WAIVER FORM

Thank you for choosing to volunteer with Second Harvest Food Bank. Please take a moment to fill out this form. Please bring completed forms to the worksite with you on your first day of volunteering. Thank you once again for your interest, and welcome to Second Harvest!

Second Harvest will not share this information with any third party.

**PLEASE PRINT**

**NAME:**_____ **DATE:**_____

**STREET:**_____

**CITY:**_____ **STATE:**_____ **ZIP:**_____

**DAYTIME PHONE:**_____**EVENING PHONE:**_____

**FAX:**_____**E-MAIL:**_____

**EMPLOYER/SCHOOL/ORGANIZATION:**

_____

**WAIVER OF LIABILITY**

I understand that my or my dependent's work as a volunteer on or about a Second Harvest project could expose me or my dependent to various risks of injury or illness. I understand and assume these risks, and agree not to hold Second Harvest Food Bank of Greater New Orleans, its agents, employees, volunteers, or volunteer homeowners liable for such injury or illness. I further understand that it is the policy of Second Harvest that all volunteers or visitors must abide by the verbal safety instructions and requirements of Second Harvest staff that are outlined on site.

_____ _____ _____
volunteer's printed name signature date

_____ _____
signature of parent/guardian if volunteer is under 18 years of age date

___ checking this line serves as my signature to this waiver of liability