



Office Use Only:

TY/P _____

DE _____

Hrs _____



Thank You!!!

For Volunteering with The Atlanta Community Food Bank's Product Rescue Center

1st Time Volunteer Sign-in

Print Information Clearly

Volunteer Date _____ Shift: (circle one) A.M. Afternoon Eve

Group Name (if any) _____

Name _____

Address _____

City _____ State _____ Zip _____

Home # () _____ Work # () _____

Cell # _____ E-Mail _____

In conjunction with my voluntary involvement in activities undertaken for, and with the participation and support of the Atlanta Community Food Bank, a non-profit charitable organization, I hereby agree, for myself, my heirs, my assigns, executors, and administrators to release and discharge the Atlanta Community Food Bank, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold the Atlanta Community Food Bank, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therefrom. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

Signature _____

(Parent/Guardian signature if under 18 years old)

___ YES, I would like to receive a monthly Atlanta Community Food Bank e- newsletter

___ YES, I would like to receive advocacy alerts via email (primarily during the legislative session)

___ YES, I would like to receive periodic email updates on volunteer opportunities

___ YES, I would like to receive FOODSHARING, the Atlanta Community Food Bank's quarterly printed newsletter

Please check one: ___ I am over 18 years old ___ I am under 18 years old

