



O Z A R K S
Food Harvest

The Food Bank

Volunteer Application

Date _____

Name _____

Phone number _____

E-mail address _____

Organization (if applicable) _____

Mailing address _____

City, State, Zip _____

Emergency contact name/phone _____
(Required)

Availability: Monday Tuesday Wednesday Thursday Friday Evening or Weekend ONLY
 Morning Session (9a -12p) Afternoon Session (12-3p)

Would you like to set a regular schedule? Yes No

If yes, choose one Weekly – Day _____ Monthly – Day _____ Other – _____

Interests: Sort & Repack (*OFH's greatest volunteer need*) Office Projects Group Events (5 to 20)
 Shopping Room Stock Volunteer (weekly commitment required) Special Events Only
 Other/Special Skills _____

How did you learn about OFH volunteer opportunities?

Does your employer offer a matching program? Yes No
If yes, please list employer name and contact for match program _____

Agreement: Ozarks Food Harvest will provide every reasonable opportunity for training and a safe work environment. Volunteers must follow instructions and work only in designated areas on designated projects to ensure their safety and security. Volunteers understand that they are, of their own free will, volunteering time and expertise in the furtherance of the mission and activity of Ozarks Food Harvest and as such will not expect, want, or demand any monetary or in-kind compensation for their efforts.

Disclaimer: By my signature below, I hereby indemnify and save harmless Ozarks Food Harvest, it's funders, grantors, and donors, against and from all liabilities, obligations, damages, penalties, claims, accidents, costs, and expenses, including reasonable attorney fees paid, suffered, or incurred for damage or injury to persons or property in whole or in part as a result of my volunteer activities at Ozarks Food Harvest or any of its programs, projects, or special events.

Volunteer Signature _____ Date _____

If volunteer is under 18 years of age, the signature of volunteer's parent/guardian is required. Parent/Guardian's signature shall constitute consent to the terms in the Agreement and Disclaimer on behalf of Minor.

Parent/Guardian Signature _____ Date _____

Print name of Parent/Guardian _____