



O Z A R K S
Food Harvest

The Food Bank

Volunteer Application

Name _____

Phone number _____

E-mail address _____

Organization (if applicable) _____

Mailing address _____

City, State, Zip _____

Emergency contact name/phone _____
(Required)

Days available: Monday Tuesday Wednesday Thursday Friday

Times available: (8:00 am – 4:30 pm) _____

Are you able to volunteer on a regular basis? Yes No

List special skills or ways in which Ozarks Food Harvest may need to accommodate you.

How did you hear about The Food Bank's need for volunteers? _____

Does your company offer a matching program? Yes No

Can we call and/or e-mail you for special projects? Yes No

Would you like to receive *Harvest Time*, The Food Bank's quarterly e-newsletter? Yes No

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 _____

Ozarks Food Harvest 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 _____



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Transform Hunger Into Hope™ at ozarksfoodharvest.org

P.O. Box 5746 | 2810 N. Cedarbrook Ave. | Springfield, MO 65801-5746 | P 417-865-3411 | F 417-865-0504

