



## Individual Volunteer Information

Date \_\_\_\_\_

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Do you want to be added to the Second Harvest Food Bank mailing list? Y / N

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

### Emergency Medical Information:

Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Back Trouble \_\_\_\_\_ Other \_\_\_\_\_

If you checked one of the above areas please explain: \_\_\_\_\_

\_\_\_\_\_

Do you take special medication? (Please Explain): \_\_\_\_\_

\_\_\_\_\_

### Photo Release

Second Harvest Food Bank of Orange County events and activities may involve photo/video production shots of attendees. As part of the event attendee's presence, he/she may be videoed or photographed and the video/photographs and/or attendee's name may be used in various media.

I, \_\_\_\_\_ (print your name) authorize the Second Harvest Food Bank of Orange County to use photographs and/or film footage of me for their video production and future print and/or on-line publications (e.g. newsletters, website, and annual report). I hereby release Second Harvest Food Bank of Orange County, and Council of Orange County, Society of St. Vincent de Paul, from any liability in connection with use of the photographs or film footage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date