



INDIVIDUALS WITHIN A GROUP RELEASE FORM

Organization Name _____
 Individual Name _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____

May we add you to our volunteer e-mailing list? (please circle one) Yes No

PHYSICAL LIMITATIONS/RESTRICTIONS: _____
MEDICATIONS: _____
ALLERGIES: _____

WAIVER: As a volunteer at ICM, I hereby agree:

That all volunteers are covered by ICM’s insurance policies. However, ICM Food & Clothing Bank is a working warehouse, and as such there are inherently dangerous activities on the premises, including moving pieces of equipment. To that end, I will follow all rules and procedures given to me by ICM employees, including dress code guidelines.

Children younger than 13 will not be allowed without parental supervision on Saturdays, and children under the age of 18 will not be allowed to operate equipment. I will supervise my minor children during the time we are working at ICM as volunteers, and assume responsibility for their safety, supervision and actions.

If at any time, I/we feel unable to perform the work assigned, I/we will report to the Volunteer Director or another employee, and ask for reassignment or explain our reason for leaving. I also grant ICM full permission to use photographs and quotations by me or by our organization for promotional purposes.

Signature of Volunteer

Date

IF VOLUNTEER IS UNDER 18 YEARS OF AGE:

I hereby give my child/legal dependent permission to volunteer at the Food Bank and agree to uphold their above signed waiver.

Signature of parent/legal guardian

Date