The Master's Hands, Inc.
P.O. Box 42, 1065 West Main Street, Olney, IL 62450 618-392-0414 **Form 300**-A

VOLUNTEER Medicare/SNAP

Date: _____ Date of Birth: _____

Name: _____Maiden Name: _____

Address: _____ City: _____ Zip: _____

County: _____ Cell Phone: _____ Home Phone: _____

Email: _____ Facebook: _____

IF LESS THAN 5 YEARS AT PREVIOUS ADDRESS
Address: _____ City: _____ Zip: _____

How many years have you lived in the area since you turned 18? _____

Do not call before: _____ am or after: _____ pm Best time to call: _____

Days available: Unsure __ Any __ M __ T__ W__ T__ F__ S__ Time of day I am available: AM__PM__

Please check the following that you are willing to volunteer for:

_____ Coffee shop work (make coffee, serve drinks and snacks, clean up and restock)

_____ Driver/Worker Pick up food - local: (light lifting) _____ (Heavy up to 50 lbs) _____
(Local is 20 miles one way or less)
_____ Driver/Worker Out of this area food pick up (light lifting) _____ (Heavy up to 50 lbs) _____

_____ Helper to unload trucks (Some may be heavy) ____ Help carry food for people

_____ Help sort and repackage food ____ General construction work

_____ Second Blessings (Thrift Store)

_____ Clerical

_____ Janitorial

Talents: Check all that apply

__ Carpentry __ Auto Mechanic __Cooking __ Money Management__ Singing __ Musical

Teaching: __ Bible __ Adult Education __ Children Education

Do you regularly attend church: Yes: ___ No: ___ Name of Church: _____

VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION ON AGREEMENT

I voluntarily waive, release, and hold harmless The Master's Hands, Inc, its Board of Directors, appointed officials, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a Master's Hands, Inc. volunteer. I understand that this waver and release precludes my right to recovery of damages in event I am injured in the course of performing my volunteer duties.

I shall defend, hold harmless and indemnify The Master's Hands, Inc, its elected and appointed officials, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with directly or indirectly, my negligent or intentional acts of omissions in performing my volunteer duties for The Master's Hands, Inc,.

I, or we, the undersign, do hereby acknowledge that the food and other items we may receive from The Master's Hands, Inc. of Olney, IL, Newton, IL. 62448 may be salvage food and/or items. It has been sorted and checked to the best of our ability for visible damage. We ask that you, the recipient, double check all food items before eating and all other items before using. Some of these items may have been repackaged from bulk items. All these items are given to you at no cost. In signing, you are stating that you will not hold The Master's Hands, Inc., its elected and appointed officials, employees, agents, or any donating non-profit corporation, corporation, company, or person liable for any item that may have concealed damage or spoiled products, or defects that may result in injury or illness to any person or yourself.

I have read, fully understand, and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.

Date: _____

Printed Name: _____

Signature: _____

Address: _____ Phone: _____

NOTE: If the volunteer is less than 18 years of age, a parent or legal guardian must sign this agreement on behalf of the volunteer.

Date: _____

Printed Name of Parent or Legal Guardian: _____

Signed Name of Parent or Legal Guardian: _____

VOLUNTEER MEDICAL INFORMATION

Name: _____

DOB: _____ Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Allergies: _____

Medications: _____

_____

_____

Medical Conditions: _____

_____

Other Important Information: _____

_____

_____