



FRUIT OF OUR HANDS VOLUNTEER APPLICATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

PHONE _____ BEST TIME TO CALL _____

DO YOU PREFER TEXT CALL

EMAIL ADDRESS _____

EMERGENCY CONTACT

NAME _____ PHONE _____

RELATIONSHIP _____

Day or Days you would like to volunteer

of hours per day you are able to work _____

Do you have particular job you would like to do or have some experience with? _____

Do you have any jobs that you would prefer not to do?

Do you have any limitations that we should know about?

My volunteer work is a requirement for (school, scouts, etc.)

Number of hours I need to volunteer _____.

PHOTOGRAPH AND VIDEO RELEASE CLAUSE

Photograph & Video Release Form I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- fundraising efforts
- social media postings
- blog/website
- email marketing/newsletter

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet, print or other public setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of my association/affiliation with The Fruit Of Our Hands, etal., By signing this form I acknowledge that I have completely read and fully understand the above release and agree

to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Signature_____Date_____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.
Parent(or Guardian)

Signature_____Date_____

HOLD HARMLESS CLAUSE

Volunter shall indemnify and save harmless The Fruit Of Our Hands, etal., its officers, agents, employees, clients, customers, vendors and fellow volunteers from all claims, suits, or actions of every name, kind, and description, brought for, on on account of: (A) inuries to or death of any person, including Volunteer, or (B) damage to any property of any kind whatsoever and to whomsoever belonging, © any sanctions, penalties, or claims of damages resulting from Vonlunteer's failure to comply with the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, or (D) any other loss or cost, including but not limited to that caused by the concurrent active or paaive negligence of The Fruit Of Our Hands, etal., its officers, agents, employees, clients, customers, vendors and fellow volunteers, resulting from the performance of any work for which Volunteer has committed. This indemnification applies to and includes without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to The Fruit Of Our Hands, etal., for all legal fees, expenses and costs incurred by it.

The duty of Volunteer to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2776 of the California Civil Code.

Signature below denotes total adherence to the above referenced clause.

Volunteer Signature

Date

All information has been freely submitted and is accurate to the best of my knowledge.

Volunteer Signature

Date