



Thanksgiving, November 22 2018

Dignity Dining Volunteer Application

815 E. Fee Avenue, Melbourne, Florida 32901

Phone: 321-723-1060 x21; Email: Volunteer@dailybreadinc.org

Directions: Please complete both pages of this form (Application and Liability Waiver) and return to: kitchen@dailybreadinc.org.

VOLUNTEER CONTACT INFORMATION

Today's Date _____

New Volunteer Renewal

NAME: First _____ MI _____ Last _____

PHONE #s: _____
Home Mobile Business Fax

ADDRESS: _____
Street City State Zip

Address Type: Home; Business; Other: _____ No Mailings: Yes

STATUS: (Flags) Volunteer; Community Service Worker (CSW); Client; Other:

ALTERNATE Contacts:

Emergency: _____ Home; Mobile; Business
Name Phone Number

*Parent/Guardian: _____ Home; Mobile; Business
Name Phone Number

PERSONAL Information:

GENDER: Male; Female STATUS: Single; Married; Student; Clergy

BIRTHDATE: _____ Are you under the age of 18? Yes

OCCUPATION: _____ COMPANY: _____

Thursday Nov. 22 Food Prep (2:30 - 5:00 p.m.) Prep Dining Area (2:30 - 5:00 p.m.)

						# /shift
Cook	<input type="checkbox"/>	6:30 - 10:30 a.m.	<input type="checkbox"/>	10:30 a.m. - 2:00 p.m.		4
Food Prep	<input type="checkbox"/>	6:30 - 10:30 a.m.	<input type="checkbox"/>	10:30a.m. - 2:00 p.m.		8
Host/Hostess	<input type="checkbox"/>	10:30 a.m. - 2:00 p.m.	<input type="checkbox"/>	10:30 - 2:00 p.m.		4
Server	<input type="checkbox"/>	10:30 a.m. - 12:00 p.m.	<input type="checkbox"/>	11:45 a.m. - 1:00 p.m.	<input type="checkbox"/> 1:45 - 2:30 p.m.	12
Bus Tables	<input type="checkbox"/>	10:30 a.m. - 12:00 p.m.	<input type="checkbox"/>	11:45 a.m. - 1:00 p.m.	<input type="checkbox"/> 1:45 - 2:30 p.m.	14
Dishwasher	<input type="checkbox"/>	8:30 - 11:30 a.m.	<input type="checkbox"/>	11:30 a.m. - 2:30 p.m.	<input type="checkbox"/> 2:30 - 5:00 p.m.	4
Door Security	<input type="checkbox"/>	10:30 a.m. - 12:00 p.m.	<input type="checkbox"/>	11:45 a.m. - 1:00 p.m.	<input type="checkbox"/> 1:45 - 2:30 p.m.	2
Clean-up Crew	<input type="checkbox"/>				<input type="checkbox"/> 2:30 - 5:00 p.m.	8

* Required field for volunteers under the age of 18 years of age.

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on this date _____

by _____ (the volunteer) in favor of Daily Bread, Inc., a Florida
(Please Print Full Name)

non-profit corporation, their directors, officers, employees, and agents (collectively, Daily Bread).

The Volunteer desires to work as a volunteer for Daily Bread and engage in the activities related to being a volunteer (the "Activities").

The Volunteer understands that the Activities may include administering hygiene services, preparing and serving a hot meal, loading and unloading supplies and food, sorting donations, cleaning, performing building maintenance, driving vehicles, and any other activities which may arise during the course of their service.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: The Volunteer does hereby release and forever discharge and hold harmless Daily Bread and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Daily Bread.

The Volunteer understands that this release discharges Daily Bread from any liability or claim that the Volunteer may have against Daily Bread with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteering with Daily Bread, whether caused by the negligence of Daily Bread or its officers, directors, employees, agents or otherwise. The Volunteer also understands that Daily Bread does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance in the event of injury or illness.

Medical treatment Volunteer does hereby release and forever discharge Daily Bread from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Daily Bread.

Assumption of the Risk: The Volunteer understands that the Activities may be hazardous to the Volunteer, including, but not limited to, food preparation and serving, loading and unloading, building maintenance, transportation, and any other activities which may arise.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Daily Bread from all liability for injury, death, or property damage resulting from the Activities.

Insurance: The Volunteer understands that, except as otherwise agreed to by Daily Bread in writing, Daily Bread does not carry health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her OWN medical or health insurance coverage.

Photographic Release: The Volunteer does hereby grant and convey unto Daily Bread all rights, title, and interest in any and all photographic images and video or audio recordings made by Daily Bread during the Volunteer's Activities with Daily Bread, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteers Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____