



Nutritional Excellence: A Right We Are Born To, Not a Privilege We Earn

Volunteer Information **PLEASE PRINT**

NAME:

Organization/Company Name:
(If volunteering with/for a group)

ADDRESS:
(address - city - state -zip code)

TELEPHONE:

CELL PHONE:
(include area code)

EMAIL:

How did you hear about us?

Please Provide an Age Grouping (circle one)

Under 15 15 –18 over 18

Do you need your volunteer hours documented?

Date: _____ Time In: _____ Time Out: _____

Total: _____

Date: _____ Time In: _____ Time Out: _____

Total: _____

Date: _____ Time In: _____ Time Out: _____

Total: _____

Date: _____ Time In: _____ Time Out: _____

Total: _____

Thank you for volunteering your valuable time.

OSL strives to provide quality, nutritionally dense, organic (when possible) meals to those who struggle with hunger in our community while providing a safe working environment for our staff and volunteers. Any endeavor dealing with the public involves some risk, which you acknowledge by the act of volunteering and signing this form with your signature.

Please sign below to acknowledge Release of Liability:

Permission Slip

VOLUNTEERS UNDER THE AGE OF 18 AND NOT WITH A SCHOOL, YOUTH GROUP OR OTHER ORGANIZATION MUST HAVE A PARENTAL SIGNATURE.

School or Youth Group: _____
(Please list names of youth in your group on the back of this form.)

Name(s) of person(s) responsible for students/youth: _____

Number of students/youth in group: _____

Signature(s) of person(s) responsible or parental permission: _____
(Please make sure to sign Release of Liability above)

RELATIONSHIP (Parent/Guardian/YouthLeader): _____

PRINT NAME: _____

SIGNATURE: _____

Media Release

I understand that OSL may take photos and/or videos of program participants during program activities and events for use in educational or promotional materials in print, multimedia, or web form. Photos/videos will only be used for purposes related to OSL and their partners. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Please check the correct box below as to whether you do wish or do not wish to grant OSL permission to use your (or your child's) photos/videos taken during a program. Additionally, please complete the information below and sign this form in verification of your permission regarding OSL's use of your (or your child's) photos/videos.

I DO grant permission for the use of my (or my child's) photo/video.

I DO NOT grant permission for the use of my (or my child's) photo/video.

Name (or child's name) _____

Guardian Name (if child is under 18) _____

Signature _____

Date _____

Thank you for volunteering with OSL
PO BOX 4128, Seattle WA 98194
206-922-2078
info@oslserves.org
<http://www.oslserves.org>