Second Harvest Food Bank of Northeast Tennessee



Volunteer Profile: Court-Mandated Service

Date:		
Individual Name:		
Address:		
City:	State:	Zip:
Telephone:	E-mail:	
Emergency Contact Name:		
Relationship:	Telephone:	
Parole Officer Contact Name:		Contact Phone:
Number of Hours to Complete:	_ Deadline to Co	mplete Hours:
I		
FOR OFFICE USE ONLY		
Evaluation Survey completed		
Second Harvest Volunteer Agreement I understand that it is prohibited for me to remove any Second Harvest Food Bank product and confidential information (office files, forms, emails, other written or electronic documentation, etc.) from the warehouse or offices for any personal use. I give Second Harvest Food Bank of Northeast Tennessee, Inc. permission to conduct a background check on me prior to or during my volunteer service. I understand that volunteer service is at will and can be terminated, for any reason, or for no reason at all, and with or without advance notice, at any time by Second Harvest Food Bank of Northeast Tennessee, Inc. or by the volunteer.		
and those acting under its authority, and those for whom pictures of me and in which I may be included in whole of picture in conjunction with my character or form, or includer otherwise, made through any media on or about me for an photograph, advertising copy, or printed matter that may release and hold harmless Second Harvest Food Bank of	it is acting, the absolute right, or in part, whether such picture uded as part of a composite pic rt, advertising, trade or any oth be used in conjunction therewi Northeast Tennessee, Inc. and his agreement constitutes the co	st Food Bank of Northeast Tennessee, Inc. and/or its clients, customers, successors and assigns for as long and as often as they may elect, to copyright and/or use and/or publish any media as may be retouched, otherwise changed in character or form, or included as part of a composite sture in conjunction with my own or fictitious name or reproductions or versions thereof in color ter lawful purpose whatsoever. I hereby waive any right to inspect or approve the finished ith, or to the eventual use that it may be applied. In conjunction with the foregoing, I hereby each of the above from all liability. I hereby warrant that I am providing modeling services as a omplete and exclusive agreement between me and Second Harvest Food Bank of Northeast n.
Signature	Date	Name (please print)

Thank you for volunteering at Second Harvest Food Bank! You make a huge impact on our community!