TRINITY FOOD PANTRY

sponsored by Trinity Episcopal Church

5448 Broadway St, Lancaster NY 14086

Application for Volunteer Services

Federal and New York State laws prohibit discrimination based on gender, age, race, creed, religion, marital status, citizenship status, national origin ancestry, obligation for military service, handicap, disability or color.

Personal Information

Name: _____

Address: _____ Phone: _____

_____ Phone: _____

Email address _____

In emergency notify: _____ Phone: _____

Hours of Availability: Wednesday 7:30 am to 11 am _____

Wednesday 5:30 pm to 7:30 pm _____ Other days & hours_____

Medical Reference

Name of physician: _____ Phone: _____

Physical limitations: _____

As a volunteer at Trinity Pantry, you will be privy to certain confidential information in the course of your duties. By volunteering you are also agreeing to maintain the confidentiality of such information. Failure to comply can result in the termination of your relationship with the Pantry.

Signature: _____ Date: _____

March 26, 2025

TRINITY FOOD PANTRY

sponsored by Trinity Episcopal Church

5448 Broadway St, Lancaster NY 14086

Release and Waiver of Liability Agreement

I, _____("Participant"), acknowledge that I have voluntarily applied to participate in the following activities at the Trinity Pantry:
( ) unloading, carrying, stacking, moving, and/or packaging food & other products
( ) other as described _____
(description of activities in which Participant will engage)

I am aware that I could be injured. I am voluntarily participating in these activities and agree to assume any and all risks of bodily injury and property damage, whether these risks are known or unknown.

I verify this statement by placing my initials here:_____
Parent or Guardian's initials (if under 18):_____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between Trinity Pantry and me. I agree to sign it of my own free will.

If signed by Parent or Guardian: I verify that the significance of this Release and Waiver was explained to the Participant and that the Participant understood that significance.

Participant Releasor **Parent or Guardian (if under 18)**

_____ _____
Signature Signature

Address:_____

_____ _____

Email address _____ Phone: _____

Date: _____

If you are under 18 both you and your parent or guardian must sign and initial this form.

Submission of a duly signed Release and Waiver of Liability Agreement form is a prerequisite to volunteering at Trinity Pantry. Thank you for helping the Pantry to serve those in need..

March 26, 2025