HHFB New/Returning Volunteer Registration

Please fill out this form to completion. Note that some information is **\*REQUIRED.**

**\*First and Last Name (PRINT NEATLY):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address, City, Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Phone Number:** (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*18 or over?** Check One: Yes \_\_\_\_\_ No \_\_\_\_\_

**First Volunteer Shift** Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time In:\_\_\_\_\_\_\_\_\_\_\_ Time Out:\_\_\_\_\_\_\_\_\_\_

Please answer the following questions to the best of your knowledge:

1. **Have you been fully vaccinated for COVID-19?** YES NO IF YES, you may skip questions 2 through 6!
2. **Have you or anyone in your household tested positive for COVID-19?**  YES NO If so, please give the approximate date you tested positive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Have you or anyone in your household experienced symptoms of COVID-19 in the last two weeks?** YES NO If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Have you recently traveled outside of the state of Indiana in the last month?** YES NO If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Have you attended any gatherings of more than 25 people in the last month?** YES NO
6. **Are you following the CDC guidelines regarding social distancing, hygiene and sanitation?** YES NO

In exchange for the opportunity to volunteer with the Hoosier Hills Food Bank, I hereby release the agency, its staff and Board of Directors from all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury to person or property from accidents that may be sustained or resulting from my participation in Hoosier Hills Food Bank volunteer activities. I do hereby give permission to HHFB to use photographic images of individuals within the group in any official HHFB business, including, but not limited to: websites, newsletters and newspapers, advertising material, postcards, etc. I agree to notify HHFB if within two weeks of my last volunteer shift I am diagnosed with or develop symptoms of COVID-19.

**\*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**