



**Sacred Heart Church of Ocean Beach**  
**Feeding the Hungry Ministry**  
**Volunteer Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_

Email (print legibly): \_\_\_\_\_

I am eighteen years of age (circle one):      Yes    No

I am **not** eighteen years of age, I am \_\_\_\_\_ years old

*Please see the reverse for additional information*



# Sacred Heart Church of Ocean Beach

## Feeding the Hungry Ministry

***PLEASE READ THE FOLLOWING BEFORE SIGNING:***

As a volunteer at Sacred Heart Church of Ocean Beach (SHOB), Feeding the Hungry Ministry, I agree to:

- Follow SHOB Volunteer policies, rules and procedures.
- Maintain ethical standards and engage in appropriate behavior.
- Respect the dignity of our guests, and engage in respectful behavior with other volunteers and ministry leaders.
- Respect the confidentiality of our guests.
- Represent SHOB in a professional manner and portray a positive image to the community.
- Not engage in sexual or inappropriate behavior.
- Not consume alcohol or illegal drugs before or during my volunteer time.
- Avoid the use of profanity while on site.
- With notice, to allow SHOB to use my likeness, voice, photograph and words in any form for promoting activities without compensation.

***WAIVER OF LIABILITY***

In consideration of SHOB allowing me/my child to participate in the volunteer program and being aware of the possible injuries that could occur as a result of this participation, I, on behalf of myself or my minor child, release SHOB from any and all injuries and damages whatsoever arising from participation in any SHOB, Feeding the Hungry Ministry.

I, my heirs and representatives, agree to indemnify and hold harmless SHOB and its employees from any and all claims made by me/my child or my insurer of injuries or damages related to any SHOB, Feeding the Hungry Ministry events.

I affirm I have read the above, and all information provided, is true and complete.

\_\_\_\_\_  
Signature of Volunteer - Date

\_\_\_\_\_  
Name of Volunteer (Print)

\_\_\_\_\_  
Signature of Parent/Guardian – Date

\_\_\_\_\_  
Name of Parent/Guardian (Print)

Emergency Contact Information:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Alternate Telephone Number