

Food For Fairview
Volunteer Record

Name _____

Home Phone _____

Date _____

Address _____

Birthday _____ Spouse's Name _____

Emergency Contact Number & Name _____

Days & times available to volunteer _____

Special Talents _____

Any physical limitations or restrictions: _____

By signing below, I indicate that the above information is complete and accurate, and that I have received a waiver of liability and have signed it, effective this day.

I attest that I meet the requirements set forth in NC General Statute § 20-7 regarding being a licensed and insured driver; and that I am and will be in compliance with these regulations when operating a motor vehicle in the service of Food for Fairview.

Signed: _____ Date: _____