Volunteer Application

8493 Hwy 34 S | PO Box 492
Quinlan, TX 75474 | (903) 356-6744
www.lasmfoodpantry.org

Applicant Full Name

I am 18 years of Age or Older
☐ YES ☐ NO*

Phone Number

*Volunteers under the age of 18 must be accompanied by an adult, unless otherwise approved by the Pantry Director

Street Address

Email

City

State

Zip Code

Emergency Contact Name

Emergency Contact Phone Number

Day(s) you are available to volunteer: Please Check all that Apply
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Do you speak an Additional Language? Please Check
☐ YES ☐ NO If Yes, Which Language(s)?

Please complete your application by typing your full name in each signature field below to acknowledge and agree to the terms of each agreement.

Volunteer Agreement

I understand that I am to call or text Dian at 214-608-3275 if I need to take off or will be late.

- I understand that people coming here are food insecure. Some may feel embarrass by their circumstances.
- Some clients may appear to not need the food assistance. We ask you not to judge and treat all clients with respect.
- I understand that removing ANY food items or non-food items from Lake Area Shared Ministries Food Pantry, without permission, is stealing and will constitute in my immediate dismissal and further legal action, if necessary.
- I understand that if I need assistance with food, I am allowed to receive food (assuming I qualify), by filling out a ticket and coming through the line in my car on my day off.

By signing below, I hereby give my voluntary consent to a background check.
I certify all the information is correct and true. I further understand that any misstatement or omission of information may be grounds for removal.

Date Type Full Name

Volunteer Release

For and in consideration of volunteering at Lake Area Shared Ministries (LASM), I have this day released, acquit, and forever discharge LASM, its predecessor, successors, assigns, Board of Directors, legal representatives, agents, servants, employees, volunteers and all persons, natural or corporate, of and from any claims, demands, damages or causes of action of any kind whatsoever, at common law, statutory or otherwise which the undersigned have or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to volunteering at LASM, or in any way connected thereto, it being intended to release all claims of any kind which I might have against those hereby released, whether asserted heretofore or not and including but not limited to any claim for negligence.
The undersigned does hereby agree to indemnify and hold harmless LASM, its Board of Directors, agents, servants, employees, volunteers, and any other person, firm, or corporation bound to defend or pay judgments against it and/or them, or any of them, from and against and any and all claims, demands or causes of action, including claims for contribution or indemnity, and the reasonable and necessary costs, including attorney's fees incurred in defense of any such claim, which any other person, firm or corporation has or may have arising out of/or resulting from volunteering at LASM or in any way connected thereto.
The undersigned warrant(s) that he/she has read this agreement and fully understands it to be a release of all claims, known or unknown, present or future, that he/she has or may have against the party or parties released, arising out of or in any way connected with the matters described herein.

Date Type Full Name