



Name (First, Last) \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**• I would like to receive emails from the Gleaning Project about the following (circle all that apply)**

- Occasional updates    In Field Gleaning    Delivering Produce    Produce Stand Attendant  
Preserving Food    Gleaning Gardening    Event Planning & Fundraising    Data Tracking/Office

**• I / my family have received gleaned produce or other services from SCCAP**  Yes  No  
*It's helpful to know how many families that we serve, volunteer their time with SCCAP*

**• Photos/video/audio recordings of myself or my child may be used by SCCAP for news and promotional purposes.**  Yes  No  
*Pictures help us spread the word and gain support.*

### Medical Information and Liability Waiver

List any allergies to medications, foods, etc. \_\_\_\_\_

List any history of serious illness (diabetes, asthma, epilepsy, etc.) or recent injuries or hospitalizations  
\_\_\_\_\_

Medications you are currently taking \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*In the event (volunteer's name) \_\_\_\_\_ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in a gleaning event organized by The Gleaning Project of South Central PA, I understand that reasonable care will be exercised by the staff of The Gleaning Project to protect the safety of those involved. I will not hold employees or volunteers of The Gleaning Project, South Central Community Action Programs, Inc. (SCCAP) liable for injury, bodily harm, accidents or death of myself/my child during gleaning events. I will not hold the person(s) who own and/or operate either the property from which I/my child glean, or the property to which gleaned produce is delivered liable for accidents, injury, or death while participating in gleaning events.*

Signature \_\_\_\_\_  
Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
Parent/Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_