

Kitchen Angels Visiting Volunteer Information

NAME _____ DATE of SERVICE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK/CELL PHONE _____

EMAIL _____ DATE of BIRTH _____

IN EMERGENCY, NOTIFY: _____ PHONE _____

Visiting Volunteer Thanksgiving December New Year's Eve

What group or organization are you with? _____

Where did you hear about Kitchen Angels? _____

Would you like to be contacted about volunteering more regularly with Kitchen Angels? Y N

For Delivery : Insurance Company _____ Vehicle License Plate _____

KITCHEN ANGELS OATH OF CONFIDENTIALITY

To respect and honor the confidentiality and privacy of Kitchen Angel's clients, I understand that all information, names, and conversations regarding all former, current, and new clients must be kept strictly confidential. I understand that the client trust and confidentiality is foremost, and if asked to whom we deliver, I will reply only that I am delivering food. When delivering meals, I will not display the Kitchen Angels name or logo on my person or vehicle.

SIGNATURE: _____ DATE: _____

If the individual named above is less than 18 years of age, or if the physical or mental condition of the individual named above will not permit him/her to sign, the signature of caregiver, parent, or guardian is required.

KITCHEN ANGELS PHOTO RELEASE AGREEMENT

I, the undersigned, give my consent to Kitchen Angels Inc., to use my likeness in photographs, videotapes, on the internet, on social media sites and in all other visual media in order to promote the work of Kitchen Angels Inc. I also consent to the use of audio recordings of my voice for the same purpose. Any photographs, videotapes, audio recording, or other representations of my likeness or voice used specifically to promote the work of Kitchen Angels, Inc. shall be the property of Kitchen Angels, Inc. I further understand that Kitchen Angels, Inc. has the right to duplicate, reproduce, or make other use of aforesaid materials as it may desire, free and clear of any claim whatsoever on my part or that of my family.

SIGNATURE: _____ DATE: _____

If the individual named above is less than 18 years of age, or if the physical or mental condition of the individual named above will not permit him/her to sign, the signature of caregiver, parent, or guardian is required.