

# Heart of America Food Service

## Volunteer Information Sheet

Group Name \_\_\_\_\_

### Volunteer Information

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

#### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Authorization & Waiver

I certify that I have never been convicted of a felony.

I certify that I have not been adjudicated guilty of three or more violations of a Kansas, or any other state's, intoxicating liquor laws in the past five years or any felony in any state.

I certify that I have not been adjudicated guilty of two or more violations of furnishing alcohol to minors or similar laws from other states.

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this volunteer information sheet.

I hereby understand and acknowledge that, I am not an employee of Heart of America Food Services, LLC. It is further understood that I am a volunteer of a Non Profit Organization and that said organization is receiving a monetary donation in exchange for my volunteer work. I also agree that I am releasing Heart of America Food Services LLC, Sandstone Concessions LP, New West Presentations, Azura Amphitheater, and the Unified Government of Wyandotte County from any claims, liabilities, expenses incurred, including bodily injury

I understand that I am required to abide by all rules and regulations of Heart of America Food Services, LLC. In addition I understand that I am required to abide by all rules and regulations of the Kansas Department of Health as well as Kansas Alcohol Beverage Control. Information pertaining to your volunteer work at HOAFS, including proprietary information and customers' personal information, is confidential and must be treated as such. The posting of such information on social media of any kind is not permitted.

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