Food Finders Food Bank (the “Food Bank”) is a charitable, non-profit organization with a mission to alleviate hunger by providing nutritious food and nutrition education to people in need, educating the public, and promoting public policies that address hunger and its root causes. By signing below, I, the Volunteer (or the Volunteer’s legal guardian, on the Volunteer’s behalf), agree that:

1. **Policies and Safety Rules.** For my safety and that of others, I will comply with the Food Bank’s volunteer policies and safety rules and its other directions for all volunteer activities. These include, but are not limited to, any policies and rules printed on the reverse of this form and information provided at the mandatory volunteer orientation.

2. **Awareness and Assumption of Risk.** I understand that my volunteer activities at, or associated with, the Food Bank have inherent risks that may arise from the Food Bank’s operations, my own actions or inactions, or the actions or inactions of the Food Bank, its directors, officers, employees and agents, other volunteers, and others present at the Food Bank. These risks may include, but are not limited to, working around vehicles, lifting objects, and performing repetitive tasks. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my presence or participation at the Food Bank, regardless of the cause.

3. **Waiver and Release of Claims.** I waive and release any and all claims against the Food Bank, its directors, officers, employees, and agents (collectively, the “Released Parties”), for any liability, loss, damages, claims, expenses and attorneys’ fees (collectively, “Liabilities”) resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my presence at the Food Bank, or participation in activities on behalf of the Food Bank, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I understand that the Food Bank would not permit me to volunteer without my agreeing to these waivers and releases.

4. **Medical Care Consent and Waiver.** I authorize the Food Bank to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Food Bank to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my volunteer activities with the Food Bank.

5. **Indemnification.** I will defend, indemnify, and hold the Released Parties harmless from and against any and all Liabilities, including without limitation, Liabilities arising from any injury, property damage, or death that may be suffered by me or any other person in a relationship with me, which may arise directly or indirectly from my volunteer activities for the Food Bank, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.

6. **Publicity.** I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in activities at or for the Food Bank. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

If you do not wish to agree to this publicity consent, please check this box: □

7. **Confidentiality.** As a volunteer, I may have access to sensitive or confidential information. This information includes, but is not limited to, identity, address, contact information, credit card numbers, disability status, and financial information of Food Bank clients, volunteers, donors, and staff. At all times during and after my participation, I agree to hold in confidence and not disclose or use any such confidential information except as required in my Food Bank volunteer activities or as expressly authorized in writing by the Food Bank’s Executive Director.

8. **Volunteer Not an Employee.** I understand that (i) I am not an employee of the Food Bank, (ii) that I will not be paid for my participation, and (iii) I am not covered by or eligible for any insurance, health care, worker’s
compensation, or other benefits. I may choose at any time not to participate in an activity, or to stop my participation entirely, with the Food Bank.

Volunteer Policies and Safety Rules:

We are committed to treating every volunteer, employee, and customer with dignity, compassion and respect. As a volunteer, you must be aware of and comply with our volunteer policies and safety rules.

Preparation:
1. Volunteers must schedule their shifts at least one day in advance, unless they are on a regular weekly schedule.
2. Volunteers must sign in and out of the warehouse and office sign-in logs. This process is critical for emergency accountability, as well as for proof of hours worked for court and General Assistance (GA) volunteers.
3. Volunteers should watch and read training materials provided on the Food Bank website www.foodfinders.org
4. Volunteers must wear appropriate clothing, including closed-toe shoes.

Attendance:
1. We rely heavily on our volunteers. It is very important for volunteers to show up on time. If you are ill or otherwise need to modify your schedule, please call the Volunteer Coordinator at (765) 471-0062, ext. 212.
2. Warehouse volunteer shifts are 9:00am – 11:00am, and 1:00pm – 3:00pm. Volunteers may work one or both shifts.
3. Some days there are office projects for volunteers; such shifts are scheduled between 8:30am – 5:00pm.
4. If a volunteer should need to leave early due to illness or emergency, the volunteer must notify the Volunteer Manager before leaving.

Conduct:
1. Volunteers must treat customers, other volunteers, and staff with dignity, compassion, and respect. Harassment of any kind will not be tolerated.
2. Volunteers who eat or take any Food Bank products without supervisor authorization will have their service terminated immediately.
3. Volunteers must not eat or drink in the warehouse or office space; instead, please use the volunteer break-room.
4. Volunteers must smoke in designated areas only.
5. We are a drug- and alcohol-free workplace. Any volunteer who distributes, possesses, or is under the influence of any drug or alcohol, or who smells of alcohol, will have his/her service terminated immediately.
Safety Rules:

1. Volunteers must always be safety conscious. This includes preventing injuries by using proper lifting techniques and asking for help if needed. Volunteers must report any unsafe conditions or practices to their supervisor.

2. Volunteers must not operate any machinery or equipment unless authorized by their supervisor.

3. Volunteers must immediately inform their supervisor if they suffer from fatigue, illness, discomfort due to repetitive tasks, side effects of medication, or any other causes that may affect workplace safety.

4. Volunteers must not engage in any horseplay or scuffling at the Food Bank.

5. Volunteers must keep the workspace, restrooms, and break-room clean and orderly. Stack objects and ensure they are placed properly so they do not fall or obstruct aisles, doors, fire exits, or stairs.

6. Volunteers must wash their hands after eating, smoking, touching their face or hair, or using the restroom.

7. Volunteers must not use cellular/smart phones, headphones, iPods, MP3 players, or other electronic devices while performing volunteer activities as these devices may impede awareness and alertness.

The Food Bank reserves the right to terminate service of any volunteer who violates our policies, or whose work and/or conduct is found to be unacceptable by his or her assigned supervisor.

Name: ______________________________________________________________   DOB: ________

Address: ___________________________________________________________________________

City: ________________________________ State: ________ Zip code: ____________________

Phone Number: _______________________ Email Address: _____________________________

Are you a student? __________________________________________________________________

Emergency Contact Name: ________________ Phone Number: ______________________

Relationship: ______________________________

Schedule Preference:

___ Once/Twice a Month   ___ Once/Twice a Week   ___ One time   ___Daily

___ Mornings   ___ Afternoons

How did you hear about Food Finders?______________________________________________

_________________________________________

_________________________________________

_________________________________________

Signature………………………………… Date………………………

Legal Guardian’s Signature (if under 18)………………………………… Date………………………

Name (Print)……………………………………………………………………………………………………

Legal Guardian’s Name (if under 18)……………………………………………………………………………