



Orangevale Food Bank

Volunteer Agreement & Liability Release



Orangevale Food Bank appreciates your services and we will do our utmost to ensure that your volunteer experience is rewarding, productive and safe. We are committed to respecting your skills and individual needs within the limitation of these requirements. We ask that you treat each volunteer shift as you would a normal job, and your cooperation in following these guidelines.

1. Follow staff instruction and complete duties as assigned. Ask for help, as needed. Report possible hazards or unsafe activities to staff. Volunteers should arrive promptly and if leaving before the end of a shift must advise staff. Volunteer schedules are provided on a temporary basis and no long term expectations or agreements exist.
2. Volunteers may be required to submit references. Volunteers working with children are required to be "LiveScan" certified. Anyone under the influence of drugs and/or alcohol will not be permitted to volunteer.
3. Wash hands before beginning your shift, after breaks, smoking or returning from the restroom.
4. Be safe. Use proper techniques when lifting things, using your legs to push upwards, keeping your back straight and body balanced. Solicit the help of another person to lift objects over 20 pounds. Ask for help if you need assistance.
5. Supplies or food of any kind may not be taken from the program without permission. Unauthorized possession will be considered stealing and will lead to immediate discontinuation of volunteering.
6. Be polite, pleasant, and enthusiastic at all times while working as a representative of our organization. Aggressive or pushy behavior and harassment of any kind is not tolerated by staff or volunteers. Any behavior intended to create discord or restricting volunteers or staff from working will not be tolerated. Report incidents immediately to staff.
7. 501(c)(3) nonprofit organizations are subject to limits or absolute prohibitions on engaging in political activities and risk loss of status as tax exempt status if violated. As a nonprofit organization we ask that you avoid becoming involved in any political discussions.
8. Youth volunteers under the age of 18 must have guardian permission in order to volunteer. Adult supervision may be required for youth volunteer under the age of 14.
9. All personal belongings, purses, back packs, computers, etc., should be left in your vehicle. Assist Local Foundation assumes no responsibility for damage to or loss of personal property of volunteers.

Assist Local Foundation is a registered 501(c)(3) nonprofit Christian public charity. Assist Local Foundation operates several ministries (divisions) under the legally fictitious names recorded with the County of Sacramento (collectively "ALN"). Orangevale Food Bank is a division (ministry) of Assist Local Foundation, a California nonprofit corporation, and under our full corporate control and oversight. All ministries, divisions, and legally recorded fictitious names, and all of their assets, are the property of the Assist Local Foundation, and under the full control of our board of directors.

I AGREE TO RELEASE, hold harmless, and indemnify ALN, its divisions, ministries, directors, pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "PROVIDERS") from all liability, in excess of the applicable limits of any insurance providing coverage to Providers, for injury of any kind, loss, damage, death, and property loss and damage that arises out of or results from the activities and events, or during transportation to and from the activities and events, whether foreseen or unforeseen, caused by negligence, or caused by volunteers, including all liability which results from the Negligence of Providers, or any other person or cause. ALN understands that the volunteer is accepting full financial and legal responsibility for their actions

I hereby grant ALN permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the ALN and will not be returned. I hereby irrevocably authorize the ALN to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the ALN's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

Initials: _____

In the event of my injury, while I participate in events and/or activities with which ALN is associated, I authorize any person connected with ALN, to administer first aid, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well-being, at my expense.

I agree to submit any claim or dispute that arises out of or results from any activity or event or this agreement to mediation and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

I hereby hold harmless and release and forever discharge ALN from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

I have read and understand my responsibility to follow these rules while I am a volunteer for any ALN activity. Any injuries will be reported immediately to staff. I understand that I will be asked to discontinue volunteering and leave the premises if I do not follow these requirements and show good judgment.

I acknowledge that all information that I have disclosed in this volunteer application is correct and true, and I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS MEDIA RELEASE, LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.

Volunteer Print Name: _____ Date: _____

Address: _____ City: _____ State/Zip: _____

Volunteer Signature: _____ Phone: () _____ Email: _____

Organization/Group Name: _____ Employer: _____

Emergency Contact Name: _____ Phone: () _____

Additional Family Members (under 18):

Volunteer Print Name: _____ Date: _____

Volunteer Signature: _____ Phone: () _____ Email: _____

Volunteer Print Name: _____ Date: _____

Volunteer Signature: _____ Phone: () _____ Email: _____

Volunteer Print Name: _____ Date: _____

Volunteer Signature: _____ Phone: () _____ Email: _____

Volunteer Print Name: _____ Date: _____

Volunteer Signature: _____ Phone: () _____ Email: _____

Parent/Guardian Name: _____ Phone: () _____ Email: _____

Parent/Guardian Signature: _____ Date: _____