

 **Hilliard Food
Pantry Plus**
Volunteer Information

Name: _____ Birthdate: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Shirt Size: _____

Emergency Contact: _____

Contact Relationship: _____ Emergency Phone Number: _____

Primary communication to volunteers is through the text notifications and monthly newsletters.

Would you like to receive text notifications through Remind? Yes No

Would you like to receive emails of our newsletter? Yes No

Volunteer Expectations Agreement

Thank you for caring and devoting your time to the Hilliard Food Pantry Plus. We could not do it without all the people who commit several hours of their time to help serve at the pantry. The Hilliard Food Pantry Plus desires to create a welcoming, safe environment for volunteers and for the families we serve; therefore, we want to hold our volunteers to the expectations below:

1. Volunteers who are 14 years and older can work independently at the pantry. Children ages 8-13 can volunteer accompanied by an adult.
2. Please do NOT attempt any task in which you are not trained for or comfortable doing.
3. Only trained professionals may operate equipment (ex. hand jacks, ladders).
4. The pantry is an active and fast-paced environment. Please wear appropriate clothing and footwear for the task(s) at hand. *Closed-toed shoes are required to work at the pantry.*
5. We would like to prevent the spread of disease by using proper personal hygiene techniques (ex. wash hands after bathroom, wiping down service tables).
6. Report any injury immediately to Hilliard Food Pantry Plus staff on site.
7. The well-being of our volunteers is a top priority. Please let one of our staff members know if you need help with food or any other resources.

I have read the Volunteer Expectations Agreement _____ Yes

Signature (or parent/guardian if under 18)

Date



Volunteer Release and Waiver of Liability Form

This release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases Hilliard Food Pantry Plus (also referred to as HFP+) a non-profit corporation organized and existing under the laws of the State of Ohio and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for HFP+ and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with HFP+ is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; the HFP+ will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to HFP+.

PLEASE INITIAL ALL THAT APPLY:

___ **Waiver and Release:** I, release and forever discharge and hold harmless HFP+ and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to HFP+. I understand and acknowledge that this Release discharges Hilliard Food Pantry Plus from any liability or claim that I may have against HFP+ with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to HFP+ or occurring while I am providing volunteer services.

___ **Insurance:** Further, I understand that Hilliard Food Pantry Plus does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of HFP+.

___ **Medical Treatment:** I hereby Release and forever discharge Hilliard Food Pantry Plus from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Hilliard Food Pantry Plus.

___ **Assumption of Risk:** I understand that the services I provide to Hilliard Food Pantry Plus may include activities that may be hazardous to me including, but not limited to driving, lifting, pushing, pulling, use of cleaning chemicals, etc. involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from those activities and release HFP+ from all liability.

___ **Photographic Release:** I grant and convey to Hilliard Food Pantry Plus all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by HFP+ in connection with my providing volunteer services to HFP+.

___ **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below and checking all the boxes, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (or parent/guardian if under 18)

Date