

Group Name: _____



Volunteer Application

Date: _____

Name: _____ Cell Phone: _____ Home Phone: _____

Address: _____ City, State, Zip: _____

Date of Birth: ____/____/____ Email address: _____

Emergency Contact Information

Name: _____ Phone: () _____

Volunteer Rules

- Volunteers must check in at the Volunteer Manager's desk, at the Volunteer Entrance.
- Closed toe shoes are required. Shorts and shirts must be appropriate lengths for a business environment.
- Food, drink, headphones, and cell phones are not allowed in the warehouse.
- Cell Phones may only be used in designated break areas.
- Safety vests must be worn at all times.
- Please remain in your assigned work area.
- Remember to treat clients, staff, and food with respect.
- Smoking is not permitted on Community Harvest Food Bank property.

Volunteer Consent

Injury: I hereby accept and assume full responsibility for any injury I might suffer while volunteering at/for Community Harvest Food Bank of Northeast Indiana, Inc. (CHFB). I also give permission to food bank staff to seek treatment in case of injury and to take other action should a medical emergency arise. I waive and release my right for damages.

Injury for Minors: I give permission to the food bank to see treatment in case of injury to my child _____ and allow them to take other action should a medical emergency arise. I waive and release my right for damages.

Photo Consent: I give consent for any films, videos or photographs that may be take of me or my children to be used by CHFB or any of its participating agencies in any publicity and/or advertising programs which may be undertaken by these organizations in the conduct of their legally incorporated purposes. I release CHFB, its participating agencies and any consultants from any liability in connection with the use of such materials.

Confidentiality Agreement: As a volunteer at CHFB, I may see and hear confidential information about members, employees, and CHFB operations. I agree not to disclose or share such information in any manner with any unauthorized person or persons. I understand that if I share this confidential information in any manner with any unauthorized person or persons, I will be subject to disciplinary action up to and including discharge from volunteering and/or legal action. I further understand and acknowledge that my agreement to maintain the confidentiality of member agency and/or client information shall remain in full force during my volunteer assignment and at all times thereafter.

Tobacco-Free Policy: I understand tobacco use is prohibited in all enclosed areas within CHFB, which includes all buildings and vehicles. I understand no one, to include staff, visitors, volunteers, member agencies, or clients may use tobacco in any grassy areas or the parking lot.

Policies and Procedures: By signing below, I verify that I have received and read the Volunteer Handbook thoroughly and agree to the volunteer guidelines listed within the Handbook.

Signature of Volunteer or Parent/Guardian of Volunteer

Date