

#### **VOLUNTEER AGREEMENT FORM**

## Injury:

I hereby accept and assume full responsibility for any injury I might suffer while volunteering at North Country Food Bank, Inc. I also give permission to North Country staff to seek treatment in case of injury and to take other action should medical emergency arise. I waive and release my right for damages.

## **Injury for Minors:**

I give permission to the Food Bank staff to seek treatment in case of injury to my son/daughter and allow them to take other action should 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 taken of me to be used by North Country Food Bank, Inc., or any of its participating agencies, in any educational, publicity and/or advertising programs which may be undertaken by these organizations in the conduct of their legally incorporated purposes. I release North Country Food Bank, Inc. and any consultants from any liability in connection with the use of such materials.

# **Policies and Procedures:**

By signing below, I verify that I have read the Volunteer Handbook thoroughly and agree to the volunteer guidelines listed within the Handbook including our volunteer policy, rules for volunteering in the warehouse, the anti-theft statement, drug-free policy, smoking policy and the confidentiality statement of North Country Food Bank, Inc.

Print Volunteer Name	Volunteer Group Name
Signature of Volunteer	Date
Signature of Parent/Guardian of Volunteer	Date
Signature of Volunteer Coordinator	 Date