

Project Angel Food Volunteer Contract and Release from Liability

In signing this form, I understand and agree to the following:

1. **ORIENTATION:** I acknowledge that I have attended the New Volunteer Orientation and I further agree to follow the policies and procedures presented.
2. **CONFIDENTIALITY (GENERAL):** I agree to keep all information in Project Angel Food records regarding previous and existing clients and donors completely confidential.
3. **CANCELLATIONS:** I agree to call in 48 hours before my scheduled shift if I am unable to make it, except in an emergency, in which case I shall call in as soon as possible.
4. **EXITS:** I agree to notify Project Angel Food in writing at least two weeks in advance of any extended leave or resignation from my volunteer duties.
5. **LIABILITY:** I understand that Project Angel Food's money goes toward direct service to clients, and therefore, if I am injured while acting as an unpaid member of the staff, I must depend on my own health insurance to provide my care. I acknowledge that I am not an employee of Project Angel Food with respect to the matters covered by this document and, accordingly, I am not covered by California State Worker's Compensation Law in connection with my volunteer work for Project Angel Food.

If I choose to be a Volunteer Driver:

1. **DELIVERY DUTIES AND HAZARDS:** I am aware that driving activities for Project Angel Food's clients is a potentially hazardous activity. I acknowledge that the potential hazards have been explained to me at the Volunteer Orientation. Those hazards include, but are not limited to, back injury due to lifting, personal injury from car accidents, property damage or injury to others in an accident, falls, and mugging. I am voluntarily participating in these activities with the knowledge of the danger involved, and therefore agree to accept any and all risks of injury, death, and confirm this statement by **placing my initials here:** _____.
2. **CITATIONS:** I agree that if, while driving for Project Angel Food, I am cited for traffic or parking violations, I will be responsible for any fines received and any related costs and fees.

NOTE: Copy of valid driver's license and proof of insurance required prior to first delivery.

NOTE: 90 Minute HIPAA training is required prior to your first delivery shift.

If I choose to be a Kitchen Volunteer:

1. **TRAINING:** I acknowledge that the duties of a Kitchen Volunteer have been explained to me at the Volunteer Orientation. I am aware that my duties as a kitchen volunteer may include, but are not limited to, lifting, handling knives, operating heavy equipment, wrapping foods, and cleaning up.
2. **KITCHEN DUTIES AND HAZARDS:** I am aware that volunteering for Project Angel Food to work in the kitchen can be a potentially hazardous activity. Those hazards include, but are not limited to, injuries from slips and falls; back injuries from lifting and standing; burns and cuts. I am voluntarily participating in these activities with the knowledge of the danger involved and therefore agree to accept any and all risks of injury or death and confirm this statement by **placing my initials here:** _____.

NOTE: Copy of COVID-19 vaccination card required prior to first Project Angel Food Kitchen, Special Events, Outreach or Office shift.

If I choose to volunteer in other capacities (Office Support, Outreach, Special Events):

1. **DUTIES AND HAZARDS:** I am aware that volunteering for Project Angel Food in the capacity of office support, outreach, and/or special events can be a potentially hazardous activity. I am voluntarily participating in these activities with the knowledge of any danger involved and therefore agree to accept any and all risks of injury or death and confirm this statement by **placing my initials here:** _____.

RELEASE: As consideration for being permitted by Project Angel Food to participate in these activities and the use of their facilities, I hereby agree that I, my assignees, heirs, spouses, guardians, and legal representatives will not make a claim against, sue, or attach the property of Project Angel Food or any of its agents, directors, employees, representatives, contractors, or volunteers for injury or damage resulting from the negligence or other acts, howsoever caused, by any agent, director, employee, representative, contractor, or volunteer of Project Angel Food as a result of my participation as a volunteer. I hereby furthermore release Project Angel Food and its agents, directors, employees, representatives, contractors, and volunteers from all actions, claims, or demands that I, my assignees, heirs, spouses, guardians, and legal representatives now have or may hereafter have for injury or damage, whether currently known or unknown, resulting from my participation as a volunteer. This release of liability and assumption of risk, in addition to covering any past occurrences, is intended to discharge in advance their respective successors and assigns from and against any and all liability arising out of or connected in any way with my participation as a volunteer for Project Angel Food, even though that liability may arise out of negligence or carelessness on the part of the persons or entities above mentioned, or any other cause.

PHOTO RELEASE: I acknowledge that my picture/likeness may be taken/recorded and release permission for that picture/likeness to be used by Project Angel Food. I acknowledge that Project Angel Food may use said picture in print media or other forms of visual communication as it or its designees see fit. I attest that I am not entitled to any form of monetary/financial compensation for the use of my likeness, have not been promised such, and recognize that Project Angel Food need not provide compensation for this or any other type.

I HAVE CAREFULLY READ THIS CONTRACT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN MYSELF AND PROJECT ANGEL FOOD, AND I SIGN IT OF MY OWN FREE WILL.

Volunteer Name (please print): _____

Pronouns: _____

Address _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Email:** _____

Volunteer Signature: _____ **Date:** _____

PARENTAL/GUARDIAN CONSENT (if volunteer is under 18): I hereby give my permission for **my son/daughter** _____, **age** _____, to volunteer at Project Angel Food. I acknowledge that I am informed of the hazards involved in the volunteer activity. I have read and understand the Volunteer Contract and Release from Liability and also agree to be bound by its terms in consideration for Project Angel Food allowing my son/daughter to participate as a volunteer.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Phone: _____ **Email:** _____