

7th Street Food Pantry and Outreach Volunteer Application

7th Street Food Pantry and Outreach appreciates your willingness to serve as a volunteer. We want you to be aware that volunteers at this food pantry work in a warehouse environment near a lot of bulk food product and heavy cases of canned and boxed goods. Because of the potential risks associated with working in a warehouse, we ask that you complete this application and read this Agreement and Release of Liability carefully, and if you agree with its terms, sign below.

Full Name _____

Address _____

Phone Number _____ Date of Birth _____

Email Address _____ Driver's License # _____

Please list any physical limitations _____

Church you currently attend _____

If you are completing community service, please complete this section:

Reason for your community service _____

Deadline for completing your hours _____

Number of court ordered hour _____

Other (please specify) _____

Do you need a record of your activities _____

Routine background checks are required on all volunteers. If you have been arrested for a crime, please let us know the date and circumstances _____

Volunteer's Initials:

YOUR ROLE AT 7th STREET FOOD PANTRY AND OUTREACH:

In consideration of the privilege of serving the needy as a volunteer, you agree as follows:

(1) You are not an employee, agent, subcontractor, or independent contractor and have no expectation of that as a result of your volunteer service. (2) The 7th Street Food Pantry also will not provide you with compensation, unemployment insurance, worker's compensation, or any other benefit of employment in connection with your volunteer service. (3) You will seek to perform the volunteer duties assigned by the manager at the food pantry to the best of your ability, and will comply with all policies and procedures of 7th Street Food Pantry and Outreach; and (4) The 7th Street Food Pantry and Outreach or you may discontinue your service as a volunteer at any time, with or without notice, and for any reason, with or without cause.

YOU RELEASE 7TH STREET FOOD PANTRY AND OUTREACH FROM LIABILITY:

In consideration of the privilege of serving the needy as a volunteer of the pantry, you release Under God Ministries dba: 7th Street Food Pantry and Outreach, its directors, and volunteers from any and all claims, demands and liabilities for property damage, personal injury and/or death to you or to your property, arising from your volunteer activities with the Pantry. You also agree not to sue, or to commence any legal action, complaint, or charge against Under God Ministries, 7th Street Food Pantry and Outreach, its directors, employees and lead volunteers regarding any matter covered by this Agreement and Release of Liability. In addition, you agree that Under God Ministries, 7th Street Food Pantry and Outreach shall have the unrestricted right to publish any videotape or photographic image of you or your children for any commercial purposes including publication, commercial advertising and promotions of every description.

GENERAL GUIDELINES:

1. The 7th Street Food Pantry and Outreach is not responsible for any missing personal belongings.
2. This is a smoke free and drug free workplace.
3. Sexual harassment, violence, or other offensive speech will not be tolerated.
4. The food pantry has zero tolerance for any illegal activity, including drug use on the premises.
5. All work must be pre-scheduled
6. When lifting heavy objects, use your legs to push upwards, keep your back straight and your body balanced. Do NOT attempt to lift over 50 pounds without assistance.
7. Report all accidents and injuries to the manager or volunteer coordinator.
8. Wash your hands before and after handling food items.
9. An Intake application will be required for any volunteer in need of a food box. Please have prior approval from a manager or volunteer coordinator before any items are removed from the pantry.
10. To work in the Pantry you MUST closed toed shoes, NO flip flops or sandals in compliance with County Health Code.

EMERGENCY HEALTHCARE AUTHORIZATION:

In the event of your injury or illness, whether real or suspected, during your volunteer service by 7th Street Food Pantry, you authorize and give permission to take you or arrange for emergency transportation to a doctor or hospital for medical diagnosis or treatment, including but not limited to emergency surgery or medication, and you assume the responsibility of all related fees and expenses arising there from.

By signing below, you acknowledge that you have carefully read this Agreement and Release of Liability, and agree with its terms as binding on you, your heirs, legal representatives, successors and assigns. If you are under 18, you also must obtain the consent, agreement, and release of a parent/guardian who is legally responsible for you as reflected below.

EMERGENCY CONTACT

Name _____

Address _____

Phone number _____ Relationship _____

By signing this form, you are agreeing to all requirements of the form including the background check.

_____ Date _____

Volunteer Signature

PLEASE HAVE PARENT OR GUARDIAN READ AND SIGN BELOW IF UNDER 18 YEARS OLD:

I, the undersigned parent/guardian of a volunteer under the age of 18 years, consent to the participation of the minor child identified above as a volunteer with 7th Street Food Pantry and. My signature indicates that I have fully read this document, am legally responsible for the child identified and am qualified to sign this agreement. I hereby consent and agree to the terms of this Agreement and Release of Liability on behalf of my child/guardian and agree that it shall be binding upon me, my heirs, legal representatives and assigns.

Parent/Guardian signature _____ Date _____

Parent/Guardian Print name _____