

**Pantry Volunteer
Waiver and Release of Liability**

Office Use Only	
<input type="checkbox"/>	DonorPerfect
<input type="checkbox"/>	Access
<input type="checkbox"/>	Scan
<input type="checkbox"/>	Email
<input type="checkbox"/>	File
<input type="checkbox"/>	Other _____

PLEASE PRINT

NO MAIL, Please

Volunteer's Name _____ Phone _____

Organization/Group _____ Regular Volunteer RSVP Program Court-ordered

Food Pantry _____ Pantry # _____

Email _____

Home Address _____

Street

City

Zip Code

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in events and volunteer activities through Westmoreland County Food Bank, Inc., hereinafter as WCFB, I acknowledge and agree that:

1. I am volunteering to assist WCFB in its events and volunteer activities, including, but not limited to warehouse or office help, packing of food boxes or backpacks, Operation Fresh Express, food pantry distribution, food drives or gleaning programs, collecting and transporting donated food.

2. I acknowledge that participation as a volunteer with WCFB and in its related events and volunteer activities carries with it the risk of death, serious injury, disability and/or property loss. I knowingly and freely assume all risks from my participation in the events and volunteer activities.

3. I hereby release and discharge WCFB, its partner and member agencies, donors, sponsors, the owners and lessors of premises used for the events and volunteer activities, and each of their officers, directors, members, employees, agents, representatives, heirs, successors and assigns (hereinafter collectively referred to as Releasees) from any and all liability, claims or causes of action, of whatever kind, foreseen or unforeseen, including, but not limited to those for personal injury, death, disability, property damage or other harm, arising out of or in any way connected with my participation in the events and volunteer activities, including those caused by the negligent acts or omissions of the Releasees.

4. I further agree to indemnify defend and hold harmless Releasees from any and all claims, causes of action, damages or liabilities of any kind, including the expenses of litigation and attorney=s fees, arising out of or in any way connected with my participation in the events and volunteer activities.

5. I understand and agree that this Volunteer Waiver and Release of Liability is binding on my next of kin, heirs, executors, administrators, successors, assigns, personal and legal representatives.

I have read the foregoing Volunteer Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and am voluntarily signing below, intending to be legally bound.

X _____

Signature of Volunteer

Print Name of Volunteer

Date

If volunteer is under 18, a parent or guardian must also sign this Volunteer Waiver and Release of Liability.

I, as parent or guardian with legal responsibility for the volunteer, consent and agree to the terms and conditions as stated in the Volunteer Waiver and Release of Liability as provided above, and for myself, my next of kin, heirs, executors, administrators, successors, assigns, personal and legal representatives, hereby release and agree to indemnify and hold harmless the Releasees from any and all claims and liabilities arising out of or in any way connected with my minor child or ward=s participation in the events and volunteer activities as provided above, even if arising from the negligent acts or omissions of the Releasees.

Name: _____ Relationship to Child: _____ Age of Child _____

Signature of Parent/Legal Guardian: _____ Date: _____

See over



Guidelines for Pantry Volunteers

- I have read and agree to follow the policies and procedures of Westmoreland County Food Bank (WCFB) and its partner agency's established guidelines. WCFB policies and procedures are posted on our website and at volunteer activity sites.
- I agree and understand that in my capacity as a volunteer, I cannot disseminate any information about clients that are served by WCFB or donors that support WCFB.
- I have received Civil Rights training.
- Volunteers under the age of 14 or with special needs must be accompanied and supervised by an adult. They are not permitted to assist in unloading the truck when a lift gate is being used. Only WCFB personnel are permitted to operate the lift gate.
- Make sure you are physically capable of doing the labor required, when offering to volunteer. There are some positions not so physically challenging available upon request.
- As a safety precaution, open-toed shoes are not permitted. You must wear appropriate attire, suitable for public viewing. Absolutely, no bare mid-drifts, super short shorts, or any type of seductive clothing allowed.
- Volunteers are not permitted to take any products from WCFB and/or the partner agency under any circumstances without prior approval. Any volunteer doing so, can be terminated or even prosecuted by the law.
- If you have made arrangements for coverage in the local press or plan to have a photographer present, please let WCFB know about this, as soon as possible, prior to your scheduled date. We also request that you provide us with a copy of any kind of press release regarding your volunteering here, prior to its release to the media.
- Please be flexible. There may be times, when shipments might be delayed, sometimes outside of our control, and your volunteer session might need to be postponed or extended. You will be notified as soon as possible. Please make every effort not to cancel. However, if you need to cancel please contact your supervisor immediately.
- It is the right of Westmoreland County Food Bank and its partner agencies to terminate any volunteer for inappropriate behavior or dress, violation of rules, or any action which prevents us from meeting our goals.

I have read and understand the above guidelines: _____
Signature of Volunteer Date

Parental Consent required if volunteer is under age 18

_____ has my permission to participate as a volunteer with WCFB.
 (Print name of minor)

Name (print): _____ Relationship to Child _____ Age of Child _____

Phone no.: _____

I have read and understand the above guidelines: _____
Signature of Parent/Legal Guardian Date

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name (print) _____ Phone _____

Please review these guidelines carefully, then sign and return this form to Volunteer Coordinator.
 Westmoreland County Food Bank, Inc 100 Devonshire Drive Delmont PA 15626
 724-468-8660 westmorelandfoodbank.org FAX 724-468-5894