

**Westmoreland County Food Bank
Guidelines for Store Donation Volunteer**

Office Use Only	
___ Galaxy	___ Galaxy
___ DonorP	___ DonorP
___ Excel	___ Excel
___ Email	___ Email
___ File	___ File
___ Other _____	

PLEASE PRINT

Volunteer's Name _____ Phone _____

Organization/Group _____ Regular Volunteer RSVP Program Court-ordered

Email _____

Home Address _____

Street City Zip Code

- I have read and agree to follow the policies and procedures of Westmoreland County Food Bank (WCFB), which are posted on our website and at all volunteer activity sites, and those of its partner agencies.
- Must have a valid driver's license and provide proof of automobile insurance. Must follow food safety guidelines while collecting and transporting donated food, which requires temperature control monitoring to maintain the cold chain from receipt through delivery of time/temperature sensitive foods.
- 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.
- All donated food collected is the property of Westmoreland County Food Bank. At no time, should a volunteer take products for their own use or for the use of others, without prior approval from the Westmoreland County Food Bank.
- 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.
- To ensure your comfort, it is advisable to dress for the weather and to wear appropriate attire, suitable for public viewing. Absolutely, no bare mid-drifts, super short shorts, or any type of seductive clothing allowed.
- If you have made arrangements for coverage in the local press or plan to have a photographer present, please let us 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. If your volunteer session needs to be postponed to another date or cancelled, you will be notified, as soon as possible. If you must cancel, please contact your supervisor immediately.
- It is the right of Westmoreland County Food Bank 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: _____
Volunteer's Signature Date

Parental Consent required if volunteer is under age 18

_____ has my permission to participate as a volunteer with Westmoreland Food Bank.
 (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

Volunteer Waiver and Release of Liability

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.

Signature of Volunteer

Date: _____

Print Name of Volunteer

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: _____

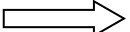
See Over




Photo Release and Consent Form

*Individuals who donate to, volunteer for, or receive food from **Westmoreland County Food Bank** are occasionally asked to be part of Westmoreland County Food Bank publicity, publications, and/or public relations activities. In order to guarantee personal privacy and ensure your agreement to participate, Westmoreland County Food Bank asks that you sign this form.*

Your signature indicates approval for your name, picture, verbal statements or portraits (video or still) to appear in Westmoreland County Food Bank publicity. Westmoreland County Food Bank may use the pictures and/or videos in subsequent years.



I authorize Westmoreland County Food Bank to use my photograph in any or all of its publicity. Said photographs shall remain and be the property of Westmoreland County Food Bank. They may be used with or without my name or using my initials of a fictitious name.

I, also, agree I will not be compensated for these pictures and my consent and release have been given without coercion or duress.

I hereby release Westmoreland County Food Bank, any of its associated or affiliated services, their directors, officers, agencies and employees from all claims of any kind on account of such use.

I have read the foregoing and fully understand the contents.

Please sign below, giving your permission to be photographed.

Printed Name _____

Signature X _____

Effective Date of Agreement _____ Pantry # _____ (optional)

If a person appearing is a minor (under 18 years of age), a parent or legal guardian must sign the form as well.

Parent/Legal Guardian Signature _____ Date _____