



venmo

VOLUNTEER AGREEMENT

Thank you for choosing to invest your time and talents in service to the communities in and around Homer! There are many opportunities to volunteer at Homer Community Food Pantry. Please mark any duties listed below that may interest you.

Warehouse Duties:

- Assist staff in unloading produce and food items.
- Sort and clean produce as needed.
- Sort and stock canned and packaged food items.
- Re-package pastries, breads, and dry goods.
- Bag canned foods and stock shelves for food boxes
- Assemble special order food boxes

Kitchen & Free Fridge Duties:

- Assist staff with food preparation.
- Serve food to HCFP neighbors.
- Refill beverage dispensers, condiments, etc.
- Wash dishes.
- Clean counters and tables.
- Other duties as assigned

Janitorial & Gardening Duties:

- Pick up trash outside
- Sweep kitchen floor
- Water, weed, and rake gardens
- Other duties as assigned

List any other useful skills or areas of interest: _____

To prevent injury, please list any duties (above) that you are unable to perform, and list any physical limitations or weight restrictions you might have: _____

Have you had a felony or misdemeanor conviction in the past 10 years? Do you have any convictions for violent crimes? Please explain. _____

Volunteers are not covered by worker's compensation or any other Homer Community Food Pantry (HCFP) insurance. By signing below, I acknowledge that I am volunteering at my own risk and agree to act in a safe manner. This includes, but is not limited to, following given directions, not climbing on equipment or shelving, and using proper lifting techniques. Anyone acting in an unsafe or concerning manner will be asked to leave.

I agree to release the HCFP, and its coordinators, officers, employees, and representatives from any and all liability, loss, damage claim, and/or cause of action, known or unknown, of any kind that may arise in connection with my participation as a volunteer, including any liability, loss, damage claim, and/or cause of action which may be caused by their negligence or willful neglect. I also agree to defend, indemnify, and hold harmless the HCFP, and its coordinators, officers, employees, and representatives from any and all liability, loss, damage claim, and/or cause of action that may arise as a result of my own actions and conduct as a volunteer.

I verify that I have received and reviewed the HCFP Volunteer Handbook, and that I have read and understand the terms and conditions of the HCFP Volunteer Agreement and any accompanying documents. I understand that in return for the HCFP allowing me to volunteer and/or complete my community service requirement at the HCFP facility or its programs, I will abide by the terms and conditions in this agreement and accompanying documents.

Volunteer (Printed) _____ Signature _____ Date _____

Parent/Guardian (Printed) if Volunteer is Under 18 _____ Signature _____ Date _____

Email Address _____

Yes, I'd like to receive the HCFP Monthly Newsletter!

Mailing Address _____ Phone Number _____

HCFP Staff (Printed) _____ Signature _____ Date _____



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VOLUNTEER AGREEMENT

EMERGENCY CONTACT INFORMATION FORM

This information will be extremely important in the event of an accident or medical emergency. Please fill out the form completely and make sure to sign & date the bottom.

Volunteer's Name: _____
Last First MI

Phone: Cell: _____ Home: _____

Email Address: _____

Home Address: _____
Street City State Zip Code

Emergency Contact's Name: _____
Last First MI

Relationship to Volunteer: _____

Phone: Cell: _____ Home: _____ Work: _____

Comments (include any medical or personal information you would want an emergency care provider to know, or any special contact information for your emergency contact)

Signature: _____ **Date:** _____