**Volunteer Acknowledgement Form**

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| --- | --- |
| Volunteer Name | Date |
| Volunteer E-mail | Volunteer Assignment/Description |
| Volunteer Phone # |  |

As a volunteer, I acknowledge, understand and agree to the following:

A "volunteer" means a person who performs authorized voluntary service for Next Step Farms, without pay, for the benefit of Next Step Farms and in aid of a recognized Non-Profit purpose. A volunteer is not an employee and may be released at any time, without cause or reason, and without right of appeal.

I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I may not use or possess controlled substances at any time or use alcohol while on duty or in attendance at any Next Step Farms event. If taking medication which may affect my performance of duties, I must report this to the Executive Director before beginning my assignment.

I will not disclose at any time confidential information to which I have access during my assignment as a volunteer with Next Step Farms. This information includes, but is not limited to, medical records or files, vital records, and statistics. I will also strictly protect the confidentiality of all Next Step Farms employee/ personnel information to which I may have access. I am required by State and/or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release.

 In the event of a volunteer assignment-related injury or illness, it is my responsibility to notify the Executive Director to report my volunteer assignment related injury or illness.

 Prior to driving my personal vehicle or a Next Step Farms vehicle during my volunteer assignment hours, I must contact my volunteer assignment supervisor for approval. I will need to complete the “Authorization to Drive” form and also provide a current DMV printout, my unexpired drivers' license and proof of automobile insurance. While driving my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with Next Step Farms.

My failure to report to a scheduled volunteer assignment without contacting the Executive Director in advance may result in immediate release.

I understand Next Step Farms does not provide Workers' Compensation Insurance to volunteers. I understand Next Step Farms provides liability insurance while in the course and scope of the volunteer's activity/responsibility except, but not limited to, the following:

* Willful, wanton acts.
* Abuse, sexual abuse, assault and battery.
* Acts/activities not within the course and scope of the volunteers' activities/responsibilities.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (for minor volunteers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_