



Volunteer Waiver

Name _____ Today's Date _____

E-mail _____ Phone _____

Emergency Contact _____ Phone _____

If you or your family are currently receiving food from the Food Bank for Larimer County, please read and initial this statement. "I understand that my work at the Food Bank is entirely voluntary and is not required to receive benefits."

ALL VOLUNTEERS, please complete this portion:

I _____ understand and am aware that participation as a volunteer for the Food Bank for Larimer County may involve physical work including bending and lifting, and other inherent risks and hazards, including the risk of injury. As consideration for being able to volunteer, I understand that I am responsible for all harm, injury or damage I cause to any persons, property or equipment. I agree to indemnify the Food Bank for Larimer County, from any claims of third parties arising from such harm, injury or damage. I agree to release the Food Bank for Larimer County, its employees, officers, agents, affiliates, clients, vendors and other volunteers, and agree to hold said persons harmless from any liability for any claim arising out of any injuries and/or damage to me, my property, or loss of any other sort arising out of or related in any way to my participation in volunteerism, or presence at a Food Bank for Larimer County activity or upon a Food Bank for Larimer County facility, whether the result of the negligence of the Food Bank for Larimer County or any other person. I understand that I will not be paid or receive any other remuneration for my services as a volunteer with the Food Bank for Larimer County. I understand that these statements apply to any volunteer time with the Food Bank for Larimer County including, without limitation, off-site events.

I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Volunteer Confidentiality Agreement

I agree to keep all information concerning clients and donors of the Food Bank for Larimer County confidential.

Signature _____ Date _____

Name (please print) _____

IF VOLUNTEER IS UNDER 18, parent please ALSO complete this portion:

As parent or guardian of _____, a minor child, I understand and am aware that my child's participation as a volunteer at the Food Bank for Larimer County may involve physical work including bending, lifting, and other inherent risks and hazards, including the risk of injury. Recognizing those risks and hazards, I hereby give my consent and approval to my child's participation. I have read and agree with the preceding statement, agree to be bound by the same and will not hold the Food Bank for Larimer County responsible for any injury to my child.

I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Parent or Guardian Signature _____ Date: _____

Parent or Guardian Name (please print) _____

Staff may take photos of volunteer activities for public relations purposes:

Check if you do not wish to let your photo (or your child's if being signed by a guardian) be a part of publicity materials.