

COMMUNITY SERVICE

Do you have community service hours you need to fulfill? Yes No

If yes, number of hours _____ to be completed by (date) _____

Hours are needed for :

School Religious or service group Court Mandated (If so, what court? _____)

DRIVER'S LICENSE

Do you have a valid driver's license? Yes No

Has your driver's license ever been suspended? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, date(s) of conviction : _____

PARENTAL CONSENT (REQUIRED FOR VOLUNTEERS UNDER AGE 18)

I certify that I am the parent or legal guardian of the minor named above and hereby grant permission for him/her to participate as a volunteer with the Food Bank of Western New York. I further agree to abide by the stipulations set forth in the above paragraphs.

Parent/Legal Guardian Signature _____ Date _____

RELEASE FROM LIABILITY

I do hereby release, hold harmless, and discharge the Food Bank of WNY and their respective officers, agents, employees, and all persons conducting, directly and indirectly, the activities surrounding my involvement as a volunteer at the Food Bank of Western New York from any and all claims, rights, demands, actions, causes of action, expenses or damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above rising from any injury, act of omission relating in any way to my participation as a volunteer. I further acknowledge that my participation is voluntary and that I will not receive financial compensation for duties performed.

PHOTOGRAPHY RELEASE

I also hereby authorize the Food Bank of WNY to publish photographs taken of me for use in the Food Bank's print, online, social media, video-based marketing materials, and other publications. I hereby release and hold harmless Food Bank from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release the Food Bank of WNY, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

CONFIDENTIALITY AGREEMENT

It is the policy of the Food Bank of WNY to ensure that the operations, activities, and affairs of the Food Bank of WNY and our clients and donors are kept confidential. Every volunteer is to hold in complete confidence all information about our clients, their families and donors. In addition, volunteers must maintain a professional distance with clients and their families. Discussions of personal, confidential information between Food Bank of WNY volunteers and their clients, and/or their families, which cross the boundary of professionalism, are prohibited. Volunteers who violate this policy may be asked to terminate their service with the Food Bank of WNY. By signing this Acknowledgement, each volunteer agrees to abide by the Confidentiality Policy.

DISCLAIMER

Please be advised that it takes approximately 2 weeks to schedule a volunteer opportunity after the receipt of your application. In certain cases, we reserve the right to refuse application based on interview or nature of offense if volunteer is court mandated. We also reserve the right to terminate a volunteer at any time due to a code of conduct infraction or the inability to accommodate a specific request.

VOLUNTEER AGREEMENT & RELEASE:

I certify that:

- I have read, understood and will comply with the Release from Liability, Photography Release, Confidentiality Agreement and the Volunteer Disclaimer.

Signed _____ Date _____

Printed Name: _____