

## ADULT VOLUNTEER CONSENT & RELEASE FORM

Welcome to Harvey Kornblum Jewish Food Pantry (HKJFP), a program of Jewish Family Services! Thank you for considering volunteering with us. We hope you find the experience rewarding.

**Please read these guidelines regarding volunteering.**

- This consent / waiver form must be provided to the HKJFP in order for you to volunteer.
- Episodic volunteers may assist in sorting and stocking food and personal care items for the food pantry. Some of the activities take place in a warehouse setting.
- **Safety is the most important consideration when volunteering in a warehouse environment.** There are guidelines in place to ensure the safety of all volunteers, staff and guests of the pantry.
  - All volunteers must sign in and sign out when on the premises.
  - Volunteers must wear closed toe shoes to minimize injury to toes and feet. Long pants, rather than shorts are preferred, but not required.
  - Cell phones must be turned off when volunteering.
  - Use of headphones with personal devices, such as iPods, is not permitted. It is important to be able to hear and be aware of what is going on around you.
  - All volunteers must be aware of machinery and traffic which may include a forklift; pallet lifts; people moving carts laden with boxes for stacking food items. Being unaware of one’s surroundings or being distracted may cause accident or injury.
- With all these precautions, it is helpful to keep in mind that volunteering at the HKJFP is fun and meaningful.

Please complete the information below.

Adult Volunteer Information				
Last Name	First Name	DOB	Age	Gender M / F
Emergency Contact Name and Relationship			Emergency Contact Daytime Phone Number	
List name of Organization or Company you are volunteering with (if applicable):			List your email address:	
Are you fulfilling a service hour requirement? _____ Yes _____ No If YES: (How many hours? _____ What are the hours for? _____			What are the volunteer dates/times?	
<b>Photo Release</b> I give permission for JFS to take, use, publish or exhibit photos of me participating in volunteer activities at the food pantry. I further understand that the photos are the property of JFS and may be re-used and republished without further consent or consideration by me. Please check and initial below: Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____				

Volunteer Release, Indemnification and Hold Harmless Agreement

I, \_\_\_\_\_, (hereinafter referred to as "Volunteer"), in consideration of my services as a Volunteer to Jewish Family Services (hereinafter referred to as "JFS") hereby expressly acknowledge, agree and voluntarily enter into this Volunteer Release, Indemnification and Hold Harmless Agreement (hereinafter referred to as "Agreement") as follows:

1. SERVICES. I will be providing volunteer services to JFS and to other persons, entities and organizations as directed. I understand that as a Volunteer, the activities may involve physical and other activities, contact with persons currently known or unknown, travel, exposure to illness, and to other danger. I also understand that I may suffer monetary or other types of damages that may arise or do arise from my activities as a Volunteer.
  
2. RISKS. I understand the nature of the actual or potential risks for damages from harm to volunteers (including damages from harm to or from others), and I expressly agree to assume all such risks of harm and damages arising from my activities as a Volunteer, including damages arising from any negligence;
  
3. RELEASE and INDEMNITY AGREEMENT. In consideration of my signing this agreement, of JFS's acceptance of me as a Volunteer, and by reason of my undertaking and performing Volunteer activities, I expressly agree to release and hold harmless JFS and its directors, officers, employees, volunteers, funding agencies and all other persons (including, but not limited to the heirs, executors, personal representatives, administrators, assigns and successors of such persons or entities) of and from any and all claims, actions, causes of action for injuries and damages for any harm, bodily or mental injury to me or to my property and which may or does arise, directly or indirectly, known or unknown, now or at any time in the future and in any manner at law, in arbitration or in equity, and expressly including all injuries and damages suffered by me from negligence, including my own negligence or that of JFS. Furthermore, I expressly agree to indemnify, defend and to hold harmless JFS and its directors, officers, employees, volunteers, funding agencies and all other persons (including, but not limited to the heirs, executors, personal representatives, administrators, assigns and successors of such persons or entities) of and from any claims, demands, actions or causes of action for any damages which may, directly or indirectly, known or unknown, now or at any time in the future and in any manner at law, in arbitration or in equity and brought or asserted against JFS in any such manner by any person or entity and arising solely from my negligence or willful act.
  
4. GENERAL TERMS. This agreement shall be binding upon all parties hereto, and upon their heirs, executors, personal representatives, agents, servants, employees, successors and assigns. I further acknowledge that I sign and enter into this agreement freely and voluntarily, that I am over the age of 18 years, and that I have no known medical or other condition or disability that would affect, directly or indirectly, my ability to serve as a Volunteer or to perform the duties of a volunteer. If any portion of this agreement is determined by a court of competent jurisdiction to be invalid or void, only that portion shall be invalid or void and the remaining terms and conditions shall remain in full force and effect. This agreement shall be governed by Missouri laws and statues and as amended.

**I HAVE READ AND UNDERSTAND ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT AND FREELY AND VOLUNTARILY CONSENT TO BE BOUND BY SUCH TERMS AND CONDITIONS.**

Date: \_\_\_\_\_ (Print name)  
\_\_\_\_\_ (Signature) \_\_\_\_\_ (City, state)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Telephone)

Witness: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print name)