



Holly Springs Food Cupboard
PO Box 268
Holly Springs, NC 27540
919-577-2210

VOLUNTEER AGREEMENT

Name: _____

Street: _____ City: _____

State: _____ Zip: _____ Home: _____ Cell Phone: _____

Office Phone: _____ Email: _____

In case of emergency, contact:

Name: _____ Phone _____

Relationship: _____

If under 18: (*Volunteers under the age of 14 are not permitted without a parents' supervision. Exceptions may be made on a case-by-case basis.)

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

Volunteer Code of Conduct: I understand that the Holly Springs Food Cupboard strives to create an environment that is welcoming, supportive and safe, where there is no place for discrimination, sexual harassment, intimidation or abuse. I will behave in a way that shows respect for our clients, our supporters, our organization and other volunteers. I will uphold the reputation of the Holly Springs Food Cupboard. In addition, I will respect the privacy of persons served by the organization, holding in confidence all sensitive, private and personal information.

Volunteer Consent: I understand that volunteerism at the Holly Springs Food Cupboard may sometimes mean working in warehouse conditions and can sometimes include but is not limited to lifting, working around heavy boxes and handling damaged food product. I hereby accept and assume full responsibility for any injury I may suffer while volunteering at the Holly Springs Food Cupboard.

Parental Permission: I understand that my child/teenager may be supervised by other volunteers who are not responsible for ensuring the safety of my child/teenager. The Holly Springs Food Cupboard accepts no liability for minor volunteers who leave the Holly Springs Food Cupboard property without parental or guardian permission. In the event of injury parents/guardians authorize the Holly Springs Food Cupboard staff and adult volunteers to seek treatment for minor volunteers (under the age of 18) and to take other action should a medical emergency arise and waive and release my right for damages.

Auto Insurance: I will not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by North Carolina law. In an event that my volunteering involves driving for the HSFC, I understand that no HSFC representative is charged with making sure I drive safely. I am responsible for my own actions while on the road. I will ensure my own personal vehicle is safe, well maintained, and that I operate it safely. The HSFC does not reimburse volunteers for mileage (consult your tax professional on deductibility).

Photo Release: I give the Holly Springs Food Cupboard permission to use/reuse and/or publish/republish pictures or images of me for the purpose of illustration, advertising, and promotion the Holly Springs Food Cupboard through any medium. The Holly Springs Food Cupboard has the right to change or alter this material.

I acknowledge that by signing below I have read and understood the Holly Springs Food Cupboard Volunteer Agreement and that I am over the age of 18. If I am under 18 years of age my parent or guardian will sign additionally.

Signature: _____

Date: _____

Parent or Guardian Signature _____

Date: _____

(if volunteer is under the age of 18)