

Chip In Food Pantry - Volunteer Expectations Agreement

As a Chip In Food Pantry Volunteer, you provide the power that enables us to supply our clients nutritious supplemental food each month. The following are guidelines to make the Chip In Food Pantry a safe and pleasant place for you to volunteer your time.

1. Volunteers working in any capacity within Chip In Food Pantry must submit a signed Volunteer Registration Form.
2. Volunteers are expected to keep all Chip In client information confidential.
3. If any task causes you discomfort, or if you feel it is unsafe or unhealthy to perform a specific task, report the fact to a food bank staff member immediately.
4. Wear sensible, appropriate clothing and footwear for the task(s) at hand. Closed toed shoes are required for all Chip In Food Pantry activities.
5. Wash hands before beginning your shift, after eating, and after using the restroom. Personnel who are ill are asked to not volunteer until they are no longer contagious.
6. Alcohol and illegal drugs are prohibited in the Chip In Food Pantry.
7. There is No Smoking or use of tobacco products inside Chip In Food Pantry.
8. Only authorized personnel may operate machines or equipment.
9. Report any injury immediately to Chip In Food Pantry personnel.
10. Please avoid conversations, comments and language that are inappropriate in a professional workplace.
11. The team needs you. Please honor your scheduled commitments.
12. Do not take any food from the Chip In Food Pantry.
13. Know that you are a vital part of the organization and are helping to feed hungry families in Charlton each and every shift.

Thank you for all that you do!! As a Chip In Food Pantry Volunteer, I will abide by the expectations set forth above in order to maintain a safe and pleasant work environment for all.

Signature of Volunteer: _____ Date: _____

Parent Signature (if Volunteer is under 18 years of age): _____

Chip In Volunteer Application

Please read this document carefully and do not sign unless you fully understand it!



Volunteer's Name: _____
Age: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

The best way to reach me is :

Home Phone: _____ Mobile Phone: _____ Text

Email: _____

I am available to assist in the following manner:

- | | | |
|--|---|---|
| <input type="checkbox"/> Stocking Shelves | <input type="checkbox"/> Sorting Food | <input type="checkbox"/> Unloading Food from Vehicles |
| <input type="checkbox"/> Filling/Making of Food Distribution Boxes | <input type="checkbox"/> General Cleaning (Sweep, Mop, etc) | <input type="checkbox"/> Light Office Work / Clerical |
| <input type="checkbox"/> Other _____ | | |

Waiver and Release of Liability

(Must be completed & signed to be a volunteer)

I understand that, as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume that risk. I agree that I will only perform volunteer activities that I am comfortable doing. I also agree that I will not hold Chip In Food Pantry and the Town of Charlton, and all of their former and current officers, directors, and employees, or any of their community service partners responsible or liable for any damage or injury to me or my property as a result of my participation in volunteering with Chip In Food Pantry. I agree to be responsible for my behavior and to indemnify and hold harmless Chip In Food Pantry and all of their former and current officers, directors, and employees, and their community service partners from any damages or liabilities arising out of my activities as a volunteer in connection with Chip In Food Pantry. I also grant full permission for Chip In Food Pantry to use photographs or video footage of me in legitimate accounts and promotions of this organization.

In addition to, but in no way limiting the foregoing, I will not seek remuneration or compensation for volunteer work provided to and/or for Chip In Food Pantry Inc., unless there is a prior written agreement with the Executive Director or the President of the Board of Directors.

Signature of volunteer

Date

If volunteer is under 18 years old, signature of parent/guardian

Date