



AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICE

Thank you for your interest in the Treasure Coast Food Bank (TCFB) Volunteer Program. Your responses below will help us match your talents and interests to our needs. It is the policy of the TCFB to provide volunteer opportunities without regard to any individual's sex, race, color, religion, national origin, pregnancy, age, marital status, medical condition, or disability.

Purpose: The purpose of this Agreement is to outline the responsibilities of the TCFB in providing volunteer opportunities, and to create an understanding between the TCFB and the volunteer. This Agreement shall apply to persons voluntarily performing non-compensated services for the TCFB.

PLEASE PRINT CLEARLY

Volunteer <u>Legal Name:</u> (First, Middle, Last)	Home Phone (with area code): ()	Date of Birth (DOB)
Parent/Guardian (if under 18) Name	Cell Phone (with area code): ()	
Address	Work Phone (with area code): ()	Emergency Contact Name:
City, State, Zip	Email:	Emergency Contact Phone: ()

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my services to the TCFB. The Volunteer agrees to abide by all relevant TCFB policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between TCFB and the Volunteer. The TCFB shall not be responsible for, or liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement.

I further understand and agree to the following: *(Please initial ALL sections below acknowledging reading)*

_____	VOLUNTEER GENERAL ORIENTATION: I hereby attest that I have read, understand, and agree to uphold the policies and procedures of the TCFB. <i>Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment, Confidentiality, Code of Ethics, Workplace Violence Prevention and Drug-Free Workplace.</i>
_____	DRUGS, ALCOHOL AND MEDICATION: I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. I agree to inform the supervisor at the beginning of the shift if taking an over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
_____	SCOPE OF WORK: I agree not to go beyond the scope of volunteer work agreed to without authorization.
_____	PROJECT TRAINING: I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
_____	ACCOMMODATIONS: I hereby identify that I am capable of performing duties without accommodation, or with the following accommodations(s): _____.
_____	INJURY: Should an injury occur during the scope of my service the Director of Operations needs to be notified.
_____	EMERGENCY MEDICAL CARE: I understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor. I authorize emergency medical care if it should become necessary.
_____	MARKETING: I grant full permission to use any photographs, videotapes, motion pictures or recordings for publicity purposed by the TCFB.
_____	SAFETY CODE: All volunteers are required to wear closed toed shoes at all times.
_____	TERMINATION: I understand that I, or the TCFB, may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

Education

Degree level: (circle and explain): GED, High School/Undergraduate/Masters/Doctorate:

License(s) and/or Certifications: _____

Hobbies, skills, and interests: _____

Preferences for Volunteer Assignment

List three activities most interested in doing: _____

How did you hear about us?

_____ United Way _____ Volunteer match _____ TCFB website _____ Points of light
 _____ Schools _____ Fair _____ Other _____

Skills/Interest and Information Sheet

Check activities which interest you or skills you possess		
<p>HEALTH & SAFETY</p> <input type="checkbox"/> Blood Pressure Screening <input type="checkbox"/> Cholesterol screening <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Water Safety <input type="checkbox"/> Serve Safe Certified <input type="checkbox"/> College community internship <input type="checkbox"/> Physical therapist <input type="checkbox"/> Doctor _____ <input type="checkbox"/> Dietitian/nutritionist <input type="checkbox"/> Certified Dietary Manager <input type="checkbox"/> Foodservice professional <input type="checkbox"/> Certified Diabetes Educator <input type="checkbox"/> Elder care specialist <input type="checkbox"/> Pediatric specialty _____ <input type="checkbox"/> Community Presentation <input type="checkbox"/> Nutrition counseling <input type="checkbox"/> Nurse,LPN,RN _____ <p>ADMINISTRATION/MANA</p> <input type="checkbox"/> Clerical/Mailings <input type="checkbox"/> Special Events <input type="checkbox"/> Youth Leader <input type="checkbox"/> Public Relations <input type="checkbox"/> Phone calls <input type="checkbox"/> Fund Raising <input type="checkbox"/> Booth at Events <input type="checkbox"/> Driver <input type="checkbox"/> Maintenance <input type="checkbox"/> Board of Directors <input type="checkbox"/> Public Speaking <input type="checkbox"/> Marketing/advertising	<p>DISASTER SERVICES</p> <input type="checkbox"/> Shelter Worker <input type="checkbox"/> Hurricane preparedness <input type="checkbox"/> Hot weather <input type="checkbox"/> Licensed Medical <input type="checkbox"/> Disaster Education <input type="checkbox"/> Caseworker <input type="checkbox"/> Damage assessment <input type="checkbox"/> Licensed Mental Health <input type="checkbox"/> Animal care/rescue <input type="checkbox"/> Child care <input type="checkbox"/> Spiritual counseling <p>OFFICE SUPPORT</p> <input type="checkbox"/> Data entry <input type="checkbox"/> Quick books <input type="checkbox"/> Power point <input type="checkbox"/> Publisher <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Microsoft Certified <input type="checkbox"/> Outlook <p>LANGUAGES</p> <input type="checkbox"/> Creole <input type="checkbox"/> Italian <input type="checkbox"/> Spanish <input type="checkbox"/> Ukranian <input type="checkbox"/> French	<p>TRANSPORTATION</p> <input type="checkbox"/> Car <input type="checkbox"/> Mini van/4 wh drive <input type="checkbox"/> Truck: <input type="checkbox"/> Boat <input type="checkbox"/> Commercial Driver <input type="checkbox"/> Camper/RV <input type="checkbox"/> Forklift certified <input type="checkbox"/> Heavy equipment operator <p>EQUIPMENT</p> <input type="checkbox"/> Backhoe/forklift <input type="checkbox"/> Chainsaw <input type="checkbox"/> Generator <input type="checkbox"/> Other: <p>CERTIFICATIONS/LICENSED</p> <input type="checkbox"/> Building contractor <input type="checkbox"/> Electrician <input type="checkbox"/> Plumber <input type="checkbox"/> Roofer <input type="checkbox"/> Other: <p>LABOR</p> <input type="checkbox"/> Loading/shipping <input type="checkbox"/> Sorting/packing <input type="checkbox"/> Operate equipment <input type="checkbox"/> Housekeeping <p>COMMUNICATIONS</p> <input type="checkbox"/> CB or ham operator <input type="checkbox"/> Telephone receptionist <input type="checkbox"/> Web page design <input type="checkbox"/> Radio /TV <input type="checkbox"/> Media

Availability

Please indicate both day and time						
__Monday	__Tuesday	__Wednesday	__Thursday	__Friday	__Saturday	__Sunday
_____	_____	_____	_____	_____	_____	_____
Times	Times	Times	Times	Times	Times	Times

Communication Preferences: Check only One Please

Limited – Only contact me about opportunities and events I sign up for.

Open – Allow any party affiliated with this service to contact me.

Have you ever been convicted of a crime? _____yes _____no

If your answer is “yes” please describe and provide the date(s) of conviction(s) and the sentence(s) imposed: _____

Are you a seasonal resident? _____Yes _____No

If “yes”, dates available for volunteer service

_____By initialing here; I provide my consent to the necessary background check.

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____day of _____,20____.

Volunteer’s Signature (Minor or Adult)

Signature of Parent or Guardian

(If volunteer is under 18 years old)

Staff Use Only:

1. Has the volunteer completed the Volunteer General Orientation? _____Yes _____Staff Initial

2. Is the volunteer interested in volunteering for other projects? _____No _____Yes

If yes, what was the date the Intake Form was sent to the volunteer? _____

3. Form turned in to Volunteer Records Keeping on: _____

4. Driver’s License birth date checked? _____ Yes _____No



RELEASE OF LIABILITY (Required)

I certify that I am of lawful age and acknowledge that I have volunteered to help Treasure Coast Food Bank (TCFB) is a Non Profit 501(c) (3) organization having an office at 3501 Industrial 25th St., Fort Pierce, FL 34946 (referred to in this release as "TCFB). I acknowledge that I will receive no compensation from TCFB. I acknowledge that this volunteer work will involve hard work, including bending, stooping, reaching, kneeling, lifting and carrying, and I certify and agree that I am in good health and physically able to perform such work. I acknowledge that this volunteer work may involve risk of injury from such work and I agree that I am helping TCFB at my own risk.

I agree that while helping TCFB, and while being transported to and from the volunteer site if transportation is provided by TCFB or any of its officers, employees or agents, I will:

- (a) Observe all safety requirements of TCFB or the property owner where the volunteer work is conducted, and
- (b) Use my best judgment and common sense to avoid injury or damage to myself, all other persons volunteering for TCFB, all persons on the premises where the volunteer work is being conducted, and all property.

I acknowledge that TCFB is allowing me to participate in this volunteer work in reliance upon the statements made in this Release and upon the release of possible claims against them that I am providing in this Release. Accordingly, I do hereby, for myself and heirs, executors and administrators, release, acquit, and forever discharge each of TCFB and the property owners where the volunteer work is conducted and their respective heirs, executors, administrators, successors and assigns, of and from all, and all manner of, actions, causes of action, suits, controversies, damages, judgments, and other liabilities, claims and demands of any nature whatsoever whether in law or in equity, resulting from my volunteer services for TCFB.

I understand that this release is intended to prevent any and all future legal action or claims which I might have against TCFB and/or property owner arising out of my involvement in volunteer work, including travel to and from the volunteer site.

In Witness Whereof, I have signed this release on this ____ day of _____, 20__.

Printed Name

Parent/Legal Guardian Name*

Signature

Signature

*If a volunteer is under the age of 18, a parent or legal guardian must sign for the volunteer and accept responsibility for his/her supervision.

I grant full permission to TCFB to use any photographs, film, video or audio tapes of me performing volunteer work for any purpose TCFB deems appropriate.

Yes

No

Please return this form to: Resource Development Coordinator
Treasure Coast Food Bank, Inc.
3051 Industrial 25th Street
Ft. Pierce, FL 34946
Phone: (772) 489-5676 / Fax (772) 489-2988