

## **Volunteer Agreement**

In signing this liability waiver, I certify that I am a willing participant in the Community FoodBank of New Jersey volunteer program. I agree to work according to instructions I receive. I agree to behave in a responsible manner. I agree to perform only work that I feel comfortable in doing and that I feel I can accomplish safely. I agree I am wearing clothes and shoes that I believe will provide protection according to the work conditions.

### **Acknowledgement and Assumption of Risk**

I recognize that the opportunity to participate in the Community FoodBank of New Jersey volunteer program may involve physical labor and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation. I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless the Community FoodBank, its officers, directors, employees and agents.

### **Consent**

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain because of my participation

### **Permission – Use of Photographs**

I grant permission to use individual and group volunteer photographs, films and videos of me or my child/ children for promotional or other uses furthering the mission of the Community FoodBank of New Jersey, including use on the CFBNJ website.

### **Confidentiality Policy**

CFBNJ requires strict confidentiality with respect to all information obtained by volunteers concerning the organization, pantries, neighbors, former neighbors, staff, volunteers, financial data, and business records. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to neighbors, staff or other volunteers. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including dismissal of the volunteer.

Name of Volunteer (Printed) \_\_\_\_\_

Name of Parent/Guardian (Printed, If Applicable) \_\_\_\_\_

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Date of Expiration - NEVER