

# Volunteer Agreement & Consent

881 Rolling Meadows Road  
Waynesburg, PA 15370  
(724) 627-9784

**Confidentiality Agreement:** I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for Corner Cupboard Food Bank. As a Volunteer, I will keep all information concerning clients and donors of Corner Cupboard Food Bank completely confidential.

**Photo/Media Release:** I hereby give Corner Cupboard Food Bank permission to copyright and/or use, reuse and/or publish, republish pictures or images of me for the purpose of illustration, advertising, and/or promoting Corner Cupboard Food Bank through any medium. Corner Cupboard Food Bank has the right to change or alter this material without my inspection or approval.

**Injury:** I understand that volunteering with Corner Cupboard Food Bank may mean working in warehouse conditions and can sometimes include lifting, bending, stooping, reaching, kneeling, carrying, working around heavy moving equipment and handling damaged food products. I certify and agree that I am in good health and physically able to perform such work; if I am not capable of such work I have indicated my medical restrictions in the space provided on the Volunteer Application. I hereby accept and assume full responsibility for any injury I might suffer while volunteering at Corner Cupboard Food Bank.

**Background Checks:** Certain volunteer positions within Corner Cupboard Food Bank may require a volunteer to interact with vulnerable populations, such as children or the elderly. Corner Cupboard Food Bank reserves the right to complete a Criminal Background Investigation including the National Sex Offender Registry, on any volunteer as deemed necessary. By signing this form, I give Corner Cupboard Food Bank the right to perform this background check, at the organization's discretion.

**Anti-Discrimination Policy:** It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. As a volunteer with Corner Cupboard Food Bank, I will abide by this policy without exception. Additionally, I will report any violation of this policy to my supervisor.

By signing below, I agree to abide by all the above policies. I fully understand that any failure to comply with the above stated policies may result in my termination as a volunteer, at the discretion of Corner Cupboard Food Bank. I understand that my application does not guarantee me a volunteer position, as all positions are filled based on the skill and ability of the volunteer and the needs of the organization.

Name: (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer is under 18,  
Parent/Guardian Name: (printed) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use ONLY

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_