



## Application Form

The information on this application is requested so that we can contact you regarding volunteer opportunities. Our goal is to find the best fit for you and for our program. This information will be available to staff of the Meridian Food Bank

### Your Information

Name:		
Home Address:		
City:	State: ID	Zip:
Home Phone:	Date of Birth: (mm/dd)	
Email:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you at least 18 years old? <i>If no, please complete "Parental Release" section below</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Parental Release

Minor's Name	Age:
I, the undersign, and adult 18 years or older, parent and/or guardian of the minor(s) listed above understand that participation in food bank activities presents a risk of injury, and I agree to assume any and all risk for injuries arising out of, or related to participation in any activities at Meridian Food Bank.	
Parent Printed Name:	
Parent Signature:	Date:

### Photo Release

I hereby grant the Meridian Food Bank permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Meridian Food Bank and will not be returned. I authorize them to edit, alter copy, exhibit, publish or distribute this photo for any lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of photograph.	
Signature:	Date:

### Medical Condition

Do you have any health issues which may affect your volunteer role? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

### Emergency Contact

Name:		
Home Address:		
City:	State: ID	Zip:
Home Phone:	Cell Phone:	

Have you engaged in any unlawful actions which have led to convictions of any kind? Yes  No

The above information is true. I understand that providing false information is sufficient basis for Meridian Food Bank to reject this application.

Meridian Food Bank reserves the right to reject a candidate for any reason which the program, in its sole judgment, determines may affect the best interest of the program. Furthermore, Meridian Food Bank reserves the right to withhold the reason(s) for such refusal.

Volunteer's Signature

Date:

## Volunteer Agreement and Code of Conduct

We are pleased that you have decided to volunteer your services to the Meridian Food Bank (hereinafter referred to as “the MFB”). Please affirm your acceptance of the terms of this Agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to the MFB.

1. I acknowledge that I am not an employee of the MFB and therefore am not entitled to receive pay, benefits or other compensation. I understand that as a volunteer, the MFB does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers’ Compensation nor entitled to employee benefits as a result of my volunteer affiliation. I hereby agree that I am financially responsible for all such expenses.
2. I understand that the MFB has the right, at its sole discretion, to terminate the Agreement at any time that the MFB deems necessary. I understand that the MFB shall have the right to release me as a volunteer without prior notice.
3. I understand and agree that I have a duty to disclose to the MFB any criminal charges or convictions to which I am subject at any time either prior to or during my tenure as a volunteer for the MFB. Any felony conviction, or charges involving crimes against children, will result in immediate termination of the Agreement.
4. As a volunteer for the MFB, I acknowledge that the unauthorized disclosure of any personal information regarding the program recipients would violate their right to privacy. Consequently, I hereby recognize that it is my responsibility to hold such information in confidence and to discuss it only with the MFB staff. The violation of the confidentiality requirement may result in immediate termination as a MFB volunteer.
5. The MFB will take all precautions to provide and maintain a safe environment for its volunteers. Volunteers are expected to follow safety rules and all other rules related to the warehouse. The MFB accepts no liability for minor volunteers who leave the property without parental or guardian consent. Furthermore, it is expected parents or guardians will be responsible for minor volunteers in their care while volunteering for the MFB, whether on or off the MFB premises.
6. I understand and agree that I am to stay clear of and not operate any vehicles or equipment without the express permission and supervision of the MFB Executive Director or his designee. I will report all unsafe conditions and accidents to the MFB staff as soon as possible.
7. To the maximum extent permitted by applicable law I, for myself, my heirs, executors, administrators, or anyone else who might try to claim on my behalf, covenant not to sue and waive, release, indemnify, hold harmless and forever discharge the MFB and its officers, agents and program participants, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me while participating in volunteer activity for the MFB. Thus, I agree that the MFB bears no responsibility in case of an accident or health problem which I may encounter as a result of activities carried out in connection with my volunteer activity or otherwise.
8. I certify that I am taking this position freely and for my own benefit, and that the MFB has made no promises to me, including any promises of employment, to induce me to provide these services to the MFB.
9. I agree to respect and adhere to the MFB rules, policies and guidelines that relate to volunteer activity and the program in which I serve; accept supervision and support from staff and/or supervisory volunteers; participate in required training programs and work cooperatively with the MFB staff and volunteers.
10. I will respect and uphold the rights and dignity of all volunteers, and all individuals who participate in the MFB programs recognizing that people’s values, beliefs customs, and strengths differ; commit no illegal or abusive act and refrain from the use of alcohol, controlled substances and inappropriate language.
11. I am aware of the terms and conditions of this Agreement and am signing this Agreement of my own free will. Further, by signing this Agreement I attest to the fact that I am eighteen years of age or older.

## Volunteer’s Information

Print Name: \_\_\_\_\_

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