

Volunteer Release and Waiver of Liability Form

PLEASE READ CAREFULLY THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “release”) executed on _____ (date) by

(“Volunteer”) releases Freedom Pantry for Veterans (also referred as FPFV) a nonprofit corporation organized and existing under the laws of the State of Washington and each of its directors, officers, and agents.

The Volunteer desires to provide volunteer services for FPFV and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer’s relationship with FPFV is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; the FPFV will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to FPFV.

1. Waiver and Release: I, release and forever discharge and hold harmless FPFV and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to FPFV. I understand and acknowledge that this Release discharges Freedom Pantry for veterans from any liability or claim that I may have against FPFV with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to FPFV or occurring while I am providing volunteer services.

2. Insurance: Further I understand that Freedom pantry for veterans does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of FPFV.

3. Medical Treatment: I hereby Release and forever discharge Freedom pantry for veterans from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with FPFV.

4. Assumption of Risk: I understand that the services I provide to Freedom pantry for veterans may include activities that may be hazardous to me including, but not limited to driving, lifting, pushing, pulling, use of cleaning chemicals, etc. involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release FPFV from all liability.

5. Photographic Release: I grant and convey to Freedom pantry for veterans all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by FPFV in connection with my providing volunteer services to FPFV.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date



FREEDOM PANTRY

FOR VETERANS

VOLUNTEER INFORMATION

Name: _____ Birthdate _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Are you part of a group? Y N

Company/group Name: _____

Emergency Contact: _____

Contact Relationship: _____ Emergency Phone Number: _____

Do you have any health issues that we should be aware of? Yes / No Please give a general indication of how this might influence the duties you can help with.

I am available for

- One off events e.g. Donation collections, food sorting, Christmas box sorting, events or food box distributions.
- Regularly, at the following times (please pick any or all)
- Physically unable support. (Snow shoveling, yard work)
- Specialty skills or business volunteers (list your business or skills)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day						
Afternoon						
Evenings						

I can help from time to time, but not regularly. Please phone me to check when needed

FREEDOM PANTRY

Volunteer agreement:

Any information given on this form is confidential and covered by the Data Protection Act (2002) and General Data Protection Regulations (2018). Freedom pantry for veterans will hold your details on file but will not release them to a third party.

I understand that information concerning clients or volunteers is strictly confidential and must not be disclosed to unauthorized persons. This continues in perpetuity, and any breach can result in prosecution under the Data Protection Act 2002, an action for civil damages under the same Act, and/or an action taken by Freedom pantry for veterans.

CONSENT This section forms an agreement between you and Freedom pantry for veterans to permit us to hold the details supplied by you. If you wish Freedom pantry for veterans to be able to hold your contact details for future use, it is essential that you provide your consent. • I hereby agree that the information supplied is correct, and I agree to this data being held by Freedom pantry for veterans. • This information will be used for contact purposes only in the context of the operation of Freedom pantry for veterans • At any point, I have the right to request to view my details. Freedom pantry for veterans undertakes to provide these details. • Any errors in this data will be updated by Freedom pantry for veterans if I request. It is my responsibility to supply details of changes. • At any point, I have the right to request for my details to be deleted completely in complete confidence that the record will be deleted securely.

Signature: _____ Date: _____ If

applicant is under 18: In addition to confirming the above, the parent or guardian also confirms they are happy for the young person to volunteer, provided they are trained, confident and physically able.

Signature of parent / guardian: _____ Date: _____