



VOLUNTEER INFORMATION

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

PERSON TO CONTACT INCASE OF EMERGENCY:

Name: _____ Phone: _____

MEDICAL INFORMATION:

Doctor: _____ City: _____ Phone: _____

Special Needs or Health Information: _____

INJURY PROCEDURES:

- In the event of an accident, report the injury to immediate supervisor or management. Report all injuries, including minor scrapes and bruises.
- Fill out accident report form.
- If more than first aid is needed (stitches, head injury, etc.) proceed immediately to the nearest emergency room facility or your personal physician.

DRUG FREE WORK PLACE POLICY:

The Post Falls Food Bank prohibits the manufacture, possession, distribution, sale or use of any controlled substance by a PFFB employee or volunteer while on premises. This includes while working or representing the Post Falls Food Bank, unless prescribed by a personal physician. Any volunteer who comes to work under the influence of drugs or alcohol will be sent home immediately and you will not be asked to return.

ANTI-THEFT POLICY:

The Post Falls Food Bank has ZERO tolerance for theft. Anyone found or suspected of stealing from the PFFB will be dismissed immediately. This includes food products, equipment or materials, and intellectual property.

CONFIDENTIALITY:

Your volunteer service with the Post Falls Food Bank assumes an obligation to maintain confidentiality about people, events and activities, even after you leave the premises.

VOLUNTEERS UNDER THE AGE OF 16:

Youth volunteers under the age of 16 **MUST** follow these guidelines. Youth aged 16 and under:

- cannot lift items over 10 pounds in weight while performing Food Bank duties

- cannot perform Food Bank duties within the Food Bank’s motor vehicles
- may not perform duties within the walk-in cooler or freezer
- will be supervised by PFFB staff and/or experienced volunteers or any adult accompanying them

YOUTH GROUPS:

Groups or families with an interest in helping at the Food Bank, such as school groups, church groups, scout groups, families or others, must pre-arrange an approved schedule to ensure age-appropriate tasks are available for all participants. Parent/Guardian consent is required for children under the age of 18 and youth under the age of 15 must be accompanied by an adult.

COURT ORDERED COMMUNITY SERVICE:

Volunteers wishing to complete community service hours at the Post Falls Food Bank, must contact the Volunteer Coordinator in advance of fulfilling their service. Not all offenses are accepted at PFFB, we reserve the right to refuse the opportunity. The Volunteer Coordinator will research the offense through the court system to determine acceptability of the volunteer. If accepted to complete your community service hours here, you will check in and out with the Volunteer Coordinator to track your hours.

BEHAVIOR:

All volunteers will conduct themselves in a professional manner recognizing that the nature of the relationship established with the Post Falls Food Bank customers and employees requires volunteers to behave in a responsible and ethical manner. Individuals must conduct themselves with physical and emotional safety for all in mind.

VOLUNTEER AGREEMENT:

I, _____, understand that theft is “taking anything not given directly by the Post Falls Food Bank staff.” I have read the procedures and policies and understand the contents therein and I agree to comply with them.

Signed: _____ Date: _____

For all youth under the age of 18, a parent or guardian signature id required.

Signed: _____ Date: _____

Volunteer Hours are 8:00 a.m. – 2:00 p.m. Monday – Friday



VOLUNTEER INFORMATION
WAIVER OF LIABILITY

Please read and provide signature below

I _____ waive, release, and discharge any claim
(printed name of volunteer)

I may have against the Post Falls Food Bank, Inc., current and former agents, employees, directors, volunteers, and other representatives, from any and all claims and demands for personal injury, property damage, physical or mental pain and suffering, mental anguish, emotional distress, wage loss and any and all related claims which I have or could have had due to my volunteer activities with the Post Falls Food Bank.

Signature *(volunteer)*

Date

Youth age 17 and under require Parent/Guardian Signature

Signed by Parent/Guardian

Date