



Volunteer Contract & Waiver

Agency Program: Slate Belt Rising

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Emergency Contact Name: _____ Phone Number: _____

VOLUNTEER AGREEMENT:

In signing this liability waiver, I certify that I am a willing participant in Community Action Lehigh Valley (CALV) Volunteer Program. I agree to work according to the 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 that I believe will provide protection according to the work conditions. I also acknowledge that proper footwear is required for volunteers at all sites and that closed-toed shoes are required for volunteers at Second Harvest Food Bank.

I recognize that the opportunity to participate in the CALV 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 Community Action Lehigh Valley (CALV), its programs, its officers, directors, employees, and agents.

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 as a result of my participation.

COMMITMENT AND CONFIDENTIALITY

I understand that all information received during the performance of my duties must remain confidential. This includes all information about clients, families, employees, and other associate organizations.

I will be punctual and conscientious, conduct myself with courtesy and in consideration of others, and strive to make my performance professional in quality.

The first step in resolving problems related to my volunteer services will be to discuss them with the Volunteer Coordinator of the agency program.

I shall make my best effort to fulfill my commitment to CALV and its programs by completing all assignments that I accept.

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I understand CALV or the agency program reserves the right to end my volunteer status as a result of:

- Failure to comply with the “CALV Agency-Wide Volunteer Policies and Procedures.”

I certify that I have read and understand the “CALV Agency-Wide Volunteer Policies and Procedures” document. _____ (please initial)

PHOTO/VIDEO RELEASE

I hereby consent and authorize CALV, including its programs and subsidiaries, permission to use my likeness in a photograph, video and/or audio clip in any and all of its publications, including but not limited to CALV’s printed and digital publications and social media channels.

I hereby authorize CALV to edit, alter, copy, exhibit, publish, or distribute this photograph, video, and/or audio clip for purposes of publicizing CALV’s programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I acknowledge that since my participation is voluntary, I will receive no financial compensation. Additionally, I waive any right to royalties or other compensation arising out of, or related to, the use of the photograph/video/audio.

The undersigned does hereby release CALV, its successors or assigns from any liability, responsibility, damages, claims, and suits of right-of-action resulting from the reproduction of the undersigned’s photographic likeness. If I do not wish to be photographed, I will notify CALV staff at the start of my volunteer duties.

I hereby represent that I am the parent/legal guardian or have authorization from the parent/legal guardian of the minor. I understand that it is my responsibility to supervise the minor at all times during the course of their volunteer duties. This includes escorting the minor to the restroom and accompanying them during lunchtime and all breaks. I hereby agree that the whereabouts and safety of the minor during their volunteer duties is exclusively my responsibility. I hereby release, discharge, waive and relinquish all claims, liabilities and damages the minor may sustain from bodily injury, personal injury, or property damage and hold harmless Community Action Lehigh Valley (CALV), its programs, its officers, directors, employees, and agents. _____ (please initial)

This waiver is valid one year post signature date.

Volunteer’s Signature: _____ Date: _____

Signature of Guardian if under 18: _____ Date: _____

Printed Name of Guardian: _____

Guardian’s Email Address: _____

Guardian’s Telephone Number: _____ (if not the emergency contact)