



**GREAT PLAINS
FOOD BANK**

Group Volunteer Sign-In

NAME _____ DATE _____

ADDRESS _____ PHONE _____

EMAIL _____ # OF VOLUNTEERS _____ TIME _____

Statement of Confidentiality

Great Plains Food Bank requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the clients and others they serve. The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from Great Plains Food Bank. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or other volunteers. No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer. I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with Great Plains Food Bank.

Release of Liability

I understand in my connection with my voluntary involvement with Great Plains Food Bank, that I am insured with respect to Great Plains Food Bank's General Liability and Excess Liability policies. This policy provides coverage for Bodily Injury and Property Damage for negligent acts to third parties; however, any work that is performed as a volunteer is at the volunteer's own risk for injury, accident, disease or illness to himself or herself. Great Plains Food Bank, its Board of Trustees, Executives and Employees are held harmless for any acts performed by its volunteers. I hereby agree to release and discharge Great Plains Food Bank, its officers, and directors, employees, agents, and volunteers from all claims, suits, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities; including any claims based on negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree that I will comply with all applicable federal, state, and local laws while serving as a volunteer for Great Plains Food Bank.

Photo Release

I hereby give the Great Plains Food Bank permission to interview, photo and/or make an audio/video recording(s) for use in training materials, promotional materials and news stories. I also give permission to use the interview, photo or recording for nonprofit use in print, web, and other multi-media forms of communication. All subject matter and materials (print and/or electronic) will be used responsibly, ethically, and with discretion. The Great Plains Food Bank values the privacy of participants and will not release photo, recording or other materials to a third party. This release is made voluntarily and without compensation. Signed authorization is continuous and may be revoked by the participant or parent/legal guardian via written request to the Great Plains Food Bank at 1720 3rd Ave N, Fargo, ND 58102.

Good Manufacturing Practices Agreement

I will wash my hands before starting work, after each break/absence from the work area, after using the restroom, smoking and any other times when hands may become soiled or contaminated. I will keep my work area clean and orderly. I will wear a shirt and closed-toed shoes at all times. I will not eat, drink, chew gum/tobacco, or smoke in any warehouse areas. I will not eat, drink, or take any product belonging to GPFB. Objects held in mouth (toothpicks, matchsticks, etc) are prohibited. I will keep cuts, sores or injuries properly bandaged especially when handling any GPFB product. I understand that glass, hard plastics or ceramics are strictly prohibited in all warehouse areas with the exception of eyeglasses and safety glasses. I understand that only GPFB staff is allowed to operate power equipment. I will obey all restrictions and safety signs. I will not block any emergency exits or fire extinguishers. I will allow forklift drivers access while loading and unloading trucks, staying out of their way for personal safety at all times. Visitors/contractors shall sign in and out of warehouse areas. I will not tamper with any food bank product in any way, shape or form. In the event of a fire, hazardous chemical leak or evacuation drill, I will immediately stop what I am doing and proceed to the nearest fire exit. All staff and guests will assemble in the northwest corner of the lot for roll call. In the event of a tornado or tornado drill, I will assemble downstairs in the front bathroom area between the warehouse and front exit. Every individual agrees to comply with all Good Manufacturing Practices while visiting the Great Plains Food Bank.

Parental Consent (for minors)

I hereby acknowledge that my parent or legal guardian has been notified of my intent to volunteer at the Food Bank. Furthermore, my parent or legal guardian has given consent for me to volunteer at the Great Plains Food Bank if I am needed. I understand that if I am under the age of 16, I am required to be accompanied by an adult through the entirety of my volunteer experience at Great Plains Food Bank. I understand that it is my responsibility to arrange timely and reliable transportation to and from the Food Bank when I am scheduled to volunteer.

Contact Signature: _____

Please flip this sheet over & print group member names in the table.

