



SAFE Volunteer Agreement

Volunteer Name: _____

SAFE is grateful for our volunteers as volunteers are essential to the success of the organization. Without volunteers we would not be able to serve so many of our neighbors so well.

It is SAFE's responsibility:

- To provide sufficient information, training, and materials to meet the responsibilities of the position.
- To support the skills, dignity, time and individual needs of the volunteer.
- To be receptive to comments from the volunteer regarding ways in which the organization might better accomplish its mission.
- To treat the volunteer as a partner with SAFE staff and board members.

It is the volunteer's responsibility:

- To uphold the mission of the organization.
- To adhere to all stated policies and procedures of SAFE including the attached Terms and Conditions.
- To have a background check.
- Not to directly market the services of the volunteer or any other organization or business to clients while volunteering at SAFE.
- Not to take any food or other items from the pantry for the volunteer's own use.
- To treat all client information as confidential.
 - no photographs will be taken of clients
 - clients will not be contacted except as required by volunteer duties
 - client information will not be copied or distributed in any manner.

I understand that I will be contacted by staff to obtain a background check prior to my volunteer service. All information related to my background check will be treated confidentially and will only be discussed with those having official supervisory responsibilities.

By signing below, I indicate that I accept the Release, Waiver and Indemnity and other provisions attached and am over the age of eighteen (18) years and competent to sign this Volunteer Agreement.

Volunteer Name (Please Print): _____

Signature: _____

Date: _____

Email: _____

If a volunteer is under the age of eighteen (18) years, this Agreement must be executed by the volunteer's parent or legal guardian in addition to the volunteer:

Volunteer Name (Please Print): _____

Volunteer Signature: _____

Date: _____

Email: _____

Parent/Guardian Signature: _____



SAFE Volunteer Agreement

Release, Waiver and Indemnity

I. STATUS AS A VOLUNTEER. I have voluntarily agreed to assist Southern Alamance Family Empowerment (“SAFE”) at its location on Hwy 87 S, Graham, NC, at The Bridge Food Pantry, a cooperative operation with Trailhead Church or at another location (SAFE and Trailhead Church referred to hereafter collectively as the “nonprofits”). I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage and that I will not be eligible for any Workers’ Compensation benefits in connection with my service.

II. RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS. I hereby generally and forever release and discharge, and agree not to sue the nonprofits, their trustees, directors, officers, employees, volunteers, agents, insurers, successors, assigns, and/or suppliers, from and against any and all manner of claims, causes of action, or liability which I may have now or at any time in the future which may arise out of or relate to any injury, loss, damage or harm of any kind which may result or may happen to me while I am volunteering with the nonprofits, including any injury, loss, damage or harm which may result from the negligence of the nonprofits, their trustees, directors, officers, employees, volunteers, agents, insurers, successors, assigns and/or suppliers.

I further agree to indemnify, defend, protect, and hold harmless the nonprofits, their trustees, directors, officers, employees, volunteers, agents, insurers, successors, assigns and/or suppliers, from and against any and all manner of claims, causes of action, or liability, arising out of or relating to any accident, injury, illness or damage, including death, to the extent caused by me during my voluntary participation in the nonprofits.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY SHALL BE BINDING UPON MY SURVIVORS, HEIRS, SUCCESSORS, AND ASSIGNS. I AM AWARE THAT THIS RELEASE AND WAIVER OF LIABILITY IS A RELEASE OF LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY FOR NEGLIGENCE, AND AN INDEMNIFICATION AGREEMENT, AND I SIGN IT OF MY OWN FREE WILL.

III. CONFIDENTIALITY. As a volunteer for the nonprofits, I agree to maintain the privacy and confidentiality of any and all participant information. I recognize the value and sensitivity of confidential information, and I agree not to copy, discuss, or otherwise disclose any participant information to anyone who does not have official responsibilities regarding that information for the nonprofits. Further, I agree not to take, receive, or distribute any photographs of participants. I agree to keep all participant information completely confidential for an indefinite period of time, even after I am no longer volunteering with the nonprofits. I understand that failure to comply with this policy may result in my dismissal as a volunteer.

IV. LIMITATION OF SERVICES. During my volunteer service for the nonprofits, I agree to limit my services and activities to those directed by the supervisors and leaders of the nonprofits. I agree not to promote or distribute materials for services, organizations, events, or other entities without prior approval from the nonprofits’ staff. I understand that failure to comply with this policy may result in my dismissal as a volunteer.