



5901 Dixie Highway
Fairfield, Ohio
45014-4207

513-874-0114
www.sharedharvest.org

Volunteer Group Application

Organization/Group Name: _____

Contact Name(s)

Email:

Organization Phone: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

How many volunteers will be in your group? _____

Preferred times and days you would like to volunteer:

Shared Harvest is open Monday-Friday 7:00am-3:30pm

Monday Tuesday Wednesday Thursday Friday

9:00am-11:00am 12:30pm-2:30pm

Other (Please explain and we will try to work with you to find the best time that works for both of us):

Will this be a reoccurring event? _____

Is there anything we should know about your group? _____



FOODBANK

DISTRIBUTION CENTER GUIDELINES

**To ensure the safety and security of our staff, volunteers, guests, and property –
THE FOLLOWING ACTIVITIES ARE STRICTLY
PROHIBITED:**

- Unauthorized entry in restricted areas
- Sitting, standing, and/or climbing on product or shelving
- Eating, drinking, or chewing gum
- Use of tobacco or other nicotine products
- Bags or carriers containing personal belongings
- Consumption of products that are property of the organization
- Personal cell phone use
- Operating equipment without proper certification or authorization
- Improper use of equipment
- Profane language
- Disrespectful or careless behavior
- Improper attire

I have read, understand, and agree to follow the Distribution Center Guidelines listed above. I also understand that violation of these guidelines may result in corrective action up to and including termination of volunteer duties.

Volunteer Signature

Date

Volunteer Rules and Regulations

Volunteers are identified as persons who perform duties or tasks for the food bank without wages or benefits. Volunteers are recognized by the public as representatives of the food bank and shall be guided by the same work and behavior code as employees. All attire must be clean and modest. **Volunteers must wear closed-toe shoes; no sandals or flip-flops allowed. Volunteers not properly attired will be asked to leave.**

Please do not bring personal items such as purses, electronics, or cell phones into the food bank, as we cannot be responsible for lost or stolen items. Any illicit materials, including but not limited to weapons, alcohol and/or narcotics within the premises are strictly forbidden. Volunteers must not under any circumstances climb on or attempt to operate any power machinery in the warehouse. Lack of respect for other volunteers and staff; use of vulgar or inappropriate language; and/or any display of anger, harassment, or other inappropriate conduct will not be tolerated.

Possession of illicit materials, misuse of any equipment or harassment of any kind cannot be tolerated and will be grounds for terminating the volunteer relationship. Shared Harvest Foodbank reserves the right to accept or deny any volunteer.

By signing below, I acknowledge that we are "at-will" volunteers of Shared Harvest Foodbank (SHF), meaning that SHF may terminate our volunteer position at any time with or without prior notice. Similarly, we may quit for any reason, at any time, and with or without prior notice. We are volunteering our time and services to (SHF). I recognize that we will be working in and around an active warehouse and as such, may be exposed to the normal hazards of this type of environment. While the SHF Board of Directors and staff are always concerned about safety and try to provide a safe workplace, I accept that we are ultimately responsible for our own safety and wellbeing while volunteering.

I know that I will be added to Shared Harvest email contact list. I will receive emails about Shared Harvest and volunteer opportunities only, my information will not be sold to any Third Party.

Liability Release: I hereby agree to hold SHF and its agents harmless from any past, present, and future claims, actions, demands, liability, rights, damages or losses that I, my beneficiaries, administrators, executors or assigns had, have now or may have in the future in connection with the photographs or likeness and/or use, including without limitation, any actions for trademark or copyright infringement, violations of rights of publicity or privacy, or for blurring, distortion, alteration, optical illusion, or any use of the photographs. I agree to hold SHF and its agents harmless from any claim by any third party arising out of any inaccuracy or breach of any representations and warranties herein.

I understand and agree: (1) that this release is binding and (2) this release constitutes an agreement between the representatives of our company and SHF and no waiver, modification or addition to this release shall be valid unless in writing and signed by the parties. I hereby release and absolve Shared Harvest Foodbank and its affiliated agencies and organizations of any and all liability concerning our safety and well-being while volunteering.

Photo Consent: (1) We consent to the photographing and/or video of our persons by SHF, its agents, and their respective licensees, successors and assigned (herein collectively called "the licensed parties"), the right to use, publish and copyright our names, pictures, portraits, and likeness in advertising, and other printed and digital matter. (2) We agree that any pictures taken of us by the licensed parties are owned by them. If we should receive any print, negative or any other copy thereof, we shall not authorize its use by anyone else. (3) We agree that no advertisement or other material need be submitted to us for any further approval and the licensed parties shall be without liability to us for any distortion or illusionary effect resulting from the publication of our pictures, portrait, or likeness. We agree to hold SHF and its agents harmless from any Claim by any third party arising out of any inaccuracy or breach of any representations and warranties herein

INITIALS: _____

Thank you for helping us support our neighbors in need.

I have read and agree to follow the above rules and guidelines:

Print Name: _____

Signature: _____
Signature of Representative for Group

Date: _____