



# Volunteer Application

5901 Dixie Highway  
Fairfield, Ohio  
45014-4207

Voice: 800.352.3663  
Fax: 513.874.0152

www.sharedharvest.org

Individual's Name		Business/Organization	
Address			
City	State	Zip	County
Email	Phone	Birthdate	

- Can we send you emails with our monthly volunteer opportunities?     Yes     No
- Would you like to be called or emailed if we have special projects?     Yes     No
- Would you like to receive our quarterly newsletter?     Yes     No
- If yes, how would you like to receive the newsletter?     Mail     E-mail
- Are you able to volunteer on a regular basis?     Yes     No
- Are you interested in being an advocate for Shared Harvest?     Yes     No

I am only available for weekend or evening hours *(we have limited occasions for weekend and evening hours)*

Do you have any special talents or restrictions?

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed?    Yes    No

If yes, where? \_\_\_\_\_

Would you be interested in organizing a food drive?    Yes    No

In case of emergency, contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

By signing below I acknowledge that I am an "at-will" volunteer of Shared Harvest Foodbank (SHF), meaning that SHF may terminate my volunteer position at any time with or without prior notice. Similarly, I may quit for any reason, at any time, and with or without prior notice. I am volunteering my time and services to (SHF). I recognize that I will be working in and around an active warehouse and as such, I 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 I am ultimately responsible for my own safety and wellbeing while volunteering.

**Photo Consent:** (1) I consent to the photographing and/or video of my person by SHF, its agents, and their respective licensees, successors and assigned (herein collectively called "the licensed parties"), the right to use, publish and copyright my name, picture, portrait and likeness in advertising, and other printed and digital matter. (2) I agree that any pictures taken of me by the licensed parties are owned by them. If I should receive any print, negative or any other copy thereof, I shall not authorize its use by anyone else. (3) I agree that no advertisement or other material need be submitted to me for any further approval and the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait or likeness. 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. **Initial** \_\_\_\_\_

Check if you **do not** wish to let your photo/video (or your child's if being signed by a guardian) be a part of publicity materials.

**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 myself 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 my safety and well-being while volunteering.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Responsible Adult if Volunteer is under 18 Years of Age*

\_\_\_\_\_  
*Relationship to Volunteer*

## **Volunteer Rules and Regulations**

Volunteers are identified as persons who perform duties or tasks for the food bank without wages or benefits.

Volunteers must complete an application form and be age **15** or older (unless specified).

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 are allowed for safety reason; jeans, shorts and t-shirts are acceptable, but please consider carefully the message on your t-shirt and all undergarments must be covered. Please also note that the warehouse is not temperature controlled, so make sure your clothing is weather appropriate.

You will be working with a diverse group of people who may have allergies so careful use of perfumes and colognes should be considered.

Please do not bring personal items such as purses, iPods or cell phones into the foodbank, 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.

For safety reasons, volunteers must not, under any circumstances, climb on or attempt to operate any power machinery in the warehouse.

All products donated to the foodbank are designated for distribution to nonprofit member agencies only. While it may be tempting to snack, we ask that you honor the donor's intent to provide food to those who will go without otherwise.

Please be respectful of other volunteers and staff; and understand that the use of inappropriate language; any display of anger, harassment, or other inappropriate conduct will not be tolerated.

Shared Harvest Foodbank reserves the right to accept or deny any volunteer.

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

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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.

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Volunteer Signature

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Date

Submit