

Freestore Foodbank Minor Volunteer Parental Consent Form

All minors, under the age of 18 years, must have a parent or guardian's permission to volunteer.

Minor's Name: _____

Minor's Date of Birth: _____

Email: _____ Phone: _____

Address: _____

City: _____ State _____ Zip Code _____

Group Affiliation: ___ Bishop Chatard High School _____

Emergency Contact Person: _____

Emergency Phone number: _____

My child has my permission to volunteer at the Freestore Foodbank and I accept the conditions of the Waiver and Release of Liability, Confidentiality Statement and the Media Release Authorization as stated on this form on behalf of my child.

Parent/Guardian Signature: _____ **Date:** _____

Waiver and Release of Liability

The Freestore Foodbank accepts volunteer placements through various resources. Some assignments involve strenuous and/or physical labor including, without limitations, lifting and climbing. I acknowledge my receipt of permission for my son or daughter to volunteer for the Freestore Foodbank. I also acknowledge my understanding that his/her service as a volunteer on or about Freestore Foodbank's properties or as a volunteer at the Freestore Foodbank special event may expose him/her to various risks of injury or illness. In consideration of the permission and privilege allowed to him/her to serve as a volunteer, I agree and understand that I freely assume all risks, hazard, injury, illness, property damage and/or losses which may befall him/her in connection with the exercise of the permission and privilege allowed to him/her by Freestore Foodbank, and I agree not to hold the Freestore Foodbank, its agents, employees or volunteers liable for risk, hazard, injury, illness, property damage and/or loss. I understand that this Waiver and Release of Liability extends to and applies to any personal injuries, injurious results, damage or losses which he/she may experience or sustain while engaged in training for volunteer service or while engaged in serving as a volunteer for the Freestore Foodbank. I promise for myself, my estate, executor, heirs and assigns not to sue or initiate any claim procedure against Freestore Foodbank, its agents, employees, volunteers, assigns, or successors with respect to any risk, hazard, loss, injury, illness or property damage my child may experience or sustain arising directly or indirectly out of volunteer activities with or at the Freestore Foodbank.

Confidentiality Statement

I agree that Agency/Client information is to be considered confidential and proprietary. I will instruct my child not to disclose, publish or otherwise reveal any information that can be identified as such without written authorization by the Freestore Foodbank.

Media Release Authorization

I hereby grant to the Freestore Foodbank (hereinafter "Agency") the absolute and irrevocable royalty-free right to forever use my child's photograph, likeness, recorded voice, biographical story, and/or other personal information at the Agency's sole discretion and in any medium (radio, television, internet, print, etc.) to advertise, promote, and publicize the Agency and its work. I hereby waive the right to inspect or approve the finished image, videotape, digital recording, sound track, advertising copy, or printed matter incorporating the Materials that may be used or to any eventual use that it might be applied. I hereby waive the right to any compensation associated with Agency's use of the Materials.

I hereby release any and all claims, demands, damages, and causes of action of any nature that I have or may hereafter have against the Agency, its affiliates, officers, directors, employees, and agents arising out of or in connection with said use, including, but not limited to, any claims for defamation, invasion of privacy, right of publicity, infliction of emotional distress, negligence, any right, title, or interest in the Materials, or any other physical or monetary injury.

Please know that during this challenging time we are doing everything possible to ensure your safety when you volunteer by:

- All **volunteers** will be given a **no-touch temp check upon arrival**. Volunteers with a temperature of 100.4 or above (the recommended threshold from the CDC) will be asked to leave and reschedule their shift. Volunteers will be asked appropriate COVID-19 questions upon volunteer entry.
- **Entry** into the **main door** of the **Mayerson Distribution Center**, will be one (1) volunteer at a time. Follow the duck feet on the sidewalk. (Special considerations for minors, ages 8 and up with their parent/guardian on family volunteer events.) **Use Hand Sanitizer upon arrival.**
- **Entry into the Liberty Street Market** through the main entrance and up the ramp to the volunteer check in desk located on your right at the top of the ramp.
- **Providing several hand-washing stations** – Please wash your hands upon arrival. Hand washing should last at least 20 seconds under warm water.
- **Deep cleaning** – Freestore Foodbank staff are continuously doing deep cleanings at all of our volunteer locations.
- **Eliminating Handshakes and hugs** – Sorry. Elbow bumps are welcomed!
- **Social distancing:** accommodations are in place to allow volunteers to perform their duties with reasonable social distancing.
- **Providing Protective Gear** – We have hand sanitizer located throughout our various facilities. We also have **masks and gloves** available for volunteers during their shift. (If volunteer has their own mask, please bring, we will have masks/gloves as needed.) **Stay Healthy** – If you are feeling under the weather we ask that you cancel your registration and come back and visit us when you feel better.
- **Proper disposal** of mask/gloves at the end of each shift.
- **Hand Washing** before leaving Freestore Foodbank volunteer shift.

Thank you!

NEW VOLUNTEER WAIVER



This waiver should be completed prior to your first time volunteering with Matthew 25: Ministries, and updated yearly after that.

I, _____, in consideration of my participation in volunteering at Matthew 25: Ministries, represent and agree that:

- 1. It is my desire to further the work of Matthew 25: Ministries by performing services as a volunteer. As a volunteer, I understand that I am not an employee of Matthew 25: Ministries and I understand this role does not include compensation or payment of any kind.*
- 2. I am prepared physically, emotionally, mentally and spiritually for this volunteer experience. I will be flexible and have a servant attitude.*
- 3. I understand that all supplies, materials, property, and products – including all items donated to Matthew 25: Ministries – are for the purpose of helping those in need and may not be damaged or removed from company premises.*
- 4. I confirm that I have not been convicted of any crime involving a sex offense or any felony. If I am convicted of such a crime in the future, I will inform Matthew 25: Ministries prior to returning to volunteer.*
- 5. I grant to any of the Matthew 25: Ministries leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during my volunteer experience. I will follow the suggestions made on my behalf.*
- 6. I hereby grant any of the Matthew 25: Ministries leaders or their contracted agents my permission to authorize emergency medical treatment and medication on my behalf. I will not hold any of the Matthew 25: Ministries leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.*
- 7. I am aware of the hazards and risks to myself and to my property associated with this volunteer experience. I accept these conditions with full awareness and I assume all risks of death, injury, illness, and personal property loss or damage associated with such risks. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate.*
- 8. I am aware that my actions, whether directed by Matthew 25: Ministries leaders or otherwise, expose me personally to liabilities and possible litigation. I accept this risk and understand that Matthew 25: Ministries is not responsible for defending or indemnifying me for claims or allegations brought against me. I certify that I have in place adequate insurance protection which includes a homeowners or tenant policy that provides personal liability protection.*
- 9. I grant permission to Matthew 25: Ministries to use my image, likeness, and the sound of my voice as recorded during my volunteer experience by still photography, audio or video in publications, social media or other media material used, produced, or contracted by Matthew 25: Ministries. I understand that I will not receive payment or other compensation for the use of my image or recording.*
- 10. I understand that Matthew 25: Ministries reserves the right to ask volunteers and volunteer groups to leave the premises and/or not return for any reason deemed sufficient by Matthew 25: Ministries.*
- 11. I waive any and all claims for damages against Matthew 25: Ministries or Matthew 25: Ministries leaders arising from death, injury, illness, inconvenience, or in property damage or loss for any reason including but not limited to any negligent act or acts of Matthew 25: Ministries or Matthew 25: Ministries leaders which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.*

12. *Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Ohio. Venue for any action hereunder shall be in Hamilton County, of the State of Ohio.*

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Matthew 25: Ministries (“M25M”) has put in place preventative measures to reduce the spread of COVID-19, based on recommendations from federal, state, and local governments and federal and state health agencies; however, M25M cannot guarantee that you or your child(ren) or dependent(s) will not become infected with COVID-19. Further, attending M25M could increase your risk and your child(ren)’s or dependent(s)’ risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) or dependent(s) and I may be exposed to or infected by COVID-19 while at M25M and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at M25M may result from the actions, omissions, or negligence of myself and others, including, but not limited to, M25M employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or dependent(s) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) or my dependent(s) may experience or incur in connection with attending M25M (“Claims”). On my behalf, and on behalf of my child(ren) or my dependent(s), I hereby release, covenant not to sue, discharge, and hold harmless M25M, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of M25M, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending M25M.

In addition, I voluntarily agree that neither I nor my child(ren) nor my dependent(s) will visit M25M if they or I (i) experience symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) have a suspected or diagnosed/confirmed case of COVID-19, or (iii) have been exposed within the past 14 days to any person who has a suspected or confirmed case of COVID-19. I agree to notify M25M immediately if my child(ren) or my dependent(s) or I believe any of the foregoing restrictions may apply.

Name of Participant (Please Print) _____

Total Hours Volunteering Today (per family member) _____

Home Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Participant Signature _____ Date _____

Parent/Guardian signature (if under 18) _____ Date _____

Minor dependents included on this waiver: _____



Minor Volunteering at St. Vincent de Paul – Cincinnati

Serving others' basic human needs is a very valuable experience for youth, so we are committed to providing a safe space for that opportunity. ***We require that parents of any minor volunteering in our facilities read and acknowledge this message in order to make an informed decision about their child's participation.*** Group leaders are responsible for ensuring that parents are informed.

In working with our neighbors-in-need, please know that the neighbors you encounter may be experiencing the hardest day of their lives. Experiencing poverty can sometimes be sudden, and therefore traumatic for many people, similar to a family member suddenly passing away or a loved one being seriously injured and in the hospital. It is often shocking, scary, and exhausting. For others, poverty is a chronic experience due to a lack of access to resources, systems that are complicated to navigate, generational poverty, persistent severe mental illness, and/or addiction. Children/teens are sometimes present in the Outreach Center as neighbors themselves, so it won't be only adults that you are encountering. We also serve families with children in our programs. It is important to remember that children experiencing poverty are not necessarily neglected; their parents or guardians work with SVDP to access resources that will help to meet their needs.

You might witness any of the following behaviors in our Outreach Center:

1. *You may hear profanity.*
2. *You may see someone talking strangely to themselves or others due to mental illness.*
3. *You may see someone raise their voice in anger.*
4. *You may see someone under the influence of alcohol or drugs.**

*We address substance-induced behavioral problems immediately.

What do you do if you witness behavior that is concerning to you?

The best thing you can do is give the neighbor space. *What does it mean to give a guest space?* Very respectfully and quietly walk away. Report it to a staff member if you need assistance or reassurance.

No minor is ever permitted to be alone with any other person in our facilities. Adult leaders are required to ensure that at least two safe environment-trained adults engage in constant supervision of every minor.

I am aware of the potential risks of having my minor volunteer at a facility with people experiencing poverty. I give permission for my minor to volunteer with St. Vincent de Paul – Cincinnati.

Minor's Printed Name

Parent/guardian's Printed Name

Minor's Signature

Parent/guardian's Signature

Date

Date

Volunteer Release and Waiver of Liability

This Volunteer Release and Waiver of Liability (the “Release”) executed by _____ (“Volunteer”) releases The Society of St. Vincent de Paul, Council of Cincinnati (“The Society of St. Vincent de Paul”), a nonprofit corporation organized and existing under the laws of the State of Ohio and each of its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to The Society of St. Vincent de Paul. The Volunteer desires to provide volunteer services for The Society of St. Vincent de Paul and engage in activities related to serving as a volunteer.

The Volunteer understands that the scope of the Volunteer’s relationship with The Society of St. Vincent de Paul is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that The Society of St. Vincent de Paul will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to The Society of St. Vincent de Paul.

1. Waiver and Release: I, the Volunteer, understand and acknowledge that this Release discharges The Society of St. Vincent de Paul from any liability or claim that I may have against The Society of St. Vincent de Paul with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to The Society of St. Vincent de Paul or occurring while I am providing volunteer services.
2. Insurance: Further I understand that The Society of St. Vincent de Paul does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to providing me with medical, health or disability insurance benefits or insurance of any nature in the event of my injury, illness, death or damage to my property arising out of my services as a volunteer. I expressly waive any such claim for compensation or liability against The Society of St. Vincent de Paul.
3. Medical Treatment: I hereby release and forever discharge The Society of St. Vincent de Paul from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency during my tenure as a Volunteer with The Society of St. Vincent de Paul.
4. Assumption of Risk: I understand that the services I provide to The Society of St. Vincent de Paul may include activities that may be hazardous to me, including but not limited to, strenuous and/or physical labor, lifting, climbing and other inherently dangerous activities. As a Volunteer, I hereby expressly assume the risk of injury or harm from these activities and release the Society of St. Vincent de Paul from all liability for injury, illness, death or property damage resulting from the services I provide as a Volunteer or occurring while I am providing volunteer services.
5. Photographic Release: I grant and convey to The Society of St. Vincent de Paul all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by The Society of St. Vincent de Paul in connection with my providing volunteer services to The Society of St. Vincent de Paul.

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Sweet Cheeks Diaper Bank
Volunteer Release and Waiver of Liability

This Release and Waiver of Liability releases Sweet Cheeks Diaper Bank, a Sweet Cheeks Diaper Bank corporation organized and existing under the laws of the State of Ohio and each of its directors, officers, employees, and agents.

Volunteer understands that the scope of Volunteer's relationship with Sweet Cheeks Diaper Bank is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Sweet Cheeks Diaper Bank will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Sweet Cheeks Diaper Bank.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Sweet Cheeks Diaper Bank and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Sweet Cheeks Diaper Bank. I understand and acknowledge that this Release discharges Sweet Cheeks Diaper Bank from any liability or claim that I may have against Sweet Cheeks Diaper Bank with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Sweet Cheeks Diaper Bank or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Sweet Cheeks Diaper Bank does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Sweet Cheeks Diaper Bank beyond what may be offered freely by Sweet Cheeks Diaper Bank in the event of such injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Sweet Cheeks Diaper Bank from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Sweet Cheeks Diaper Bank.
4. Assumption of Risk: I understand that the services I provide to Sweet Cheeks Diaper Bank may include activities that may be hazardous to me including, but not limited to: moving boxes, climbing stairs to reach high levels of storage shelves, using plastic wrap with a cutting edge, using scissors, box cutters and other potentially sharp objects.
5. Photographic Release: I grant and convey to Sweet Cheeks Diaper Bank all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Sweet Cheeks Diaper Bank in connection with my providing volunteer services to Sweet Cheeks Diaper Bank.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

If application is for a volunteer 18 or older: By clicking "I agree" on the online volunteer sign up, or signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Sign Name	Print Name	Date
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If application is for a volunteer 12-17 years old: As the parent or legal guardian of the volunteer listed on the application, I consent to and authorize the Minor to act as a volunteer for Sweet Cheeks Diaper Bank. I agree to and understand points 1-6 above, am aware of the nature of the activities to be performed, and on behalf of myself and the Minor, via my signature below, release and discharge Sweet Cheeks Diaper Bank, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Minor's Name: _____

Parent/Guardian Sign Name	Print Name	Date
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