



**FOOD FOR NEIGHBORS®**  
HUNGER IS CLOSER THAN YOU THINK.

## Food For Neighbors: Volunteer - Release of Liability Form

### Volunteer Information

- Name: \_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_
- Emergency Contact Phone Number: \_\_\_\_\_
- Volunteer Activity: \_\_\_\_\_
- Date: \_\_\_\_\_

### Volunteer Agreement and Release of Liability

Thank you for volunteering with Food For Neighbors (FFN)! Your time and effort help us serve the community, and we appreciate your support. Because safety is important, we ask all volunteers to review and agree to the following terms before participating in any activities.

#### 1. Understanding Your Role and Responsibilities

- I understand and agree to follow all instructions given by FFN staff and volunteer leadership.
- I understand that there will be training and agree to complete all training involved in how to use any equipment needed for my volunteer tasks.

#### 2. Health and Safety Acknowledgment

- I confirm that I, and any children accompanying me, are in good health and able to safely participate in volunteer activities.
- I am aware that volunteering may involve physical activity, such as moving, stacking, and organizing food; loading vehicles; or participating in food collection and distribution events.

#### 3. Risks and Assumption of Responsibility

- I understand that volunteering involves risks, including potential injuries from lifting, carrying, vehicle travel, and working with tools or equipment.

- I acknowledge that I am participating at my own risk and that FFN does not guarantee the safety of the event space, any equipment, or volunteer activities.

#### **4. Liability Waiver and Release**

- I, on behalf of myself and any children accompanying me, release Food For Neighbors, its officers, directors, employees, and representatives from any claims, losses, or damages related to injuries or property damage that may occur while volunteering.
- I agree to be responsible for any injuries or damage caused by my failure to follow instructions or act safely.

#### **5. Agreement Not to File Claims Against FFN**

- I agree not to make any legal claims against Food For Neighbors, its staff, or representatives for any incidents or injuries that may occur while volunteering.
- I understand that making such claims would go against FFN's mission and could affect its ability to continue helping the community.

#### **6. Parental Consent for Minors**

- If I am signing on behalf of a minor child, I confirm that I have legal authority to do so.
- I agree to these terms on behalf of myself and my child.

Your safety is our priority! Please stay alert, follow instructions, and be cautious while volunteering.

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

**Volunteer Signature:** \_\_\_\_\_

**Parent/Guardian Signature (if applicable):** \_\_\_\_\_

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1. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
2. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
3. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
4. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
5. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
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13. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
14. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
15. Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_
16. Date: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_  
 Volunteer Signature: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

17. Date: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_  
 Volunteer Signature: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

18. Date: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_  
 Volunteer Signature: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_