

FOOD PANTRY VOLUNTEER REGISTRATION AND EMERGENCY CONTACT FORM

Name of volunteer: _____

Under 14 years of age? No ☐ Yes ☐ (parent must accompany) Over the age of 18? Yes ☐ No ☐Address: _____

Email: _____

Cell: _____ Home Phone: _____

1. Previous volunteer experience _____

2. Occupation _____

3. If a student, name of school: _____

4. Any special skills/knowledge areas _____

5. Languages spoken _____

6. Do you have any physical conditions that may limit your activities? _____

7. Availability to volunteer _____

a. Are you available Saturday mornings 7:00 am to 10:00 am? Yes ☐ No ☐**In case of emergency, contact:**

Name: _____

Relationship: _____

Best Number: _____

More Numbers: _____

Contact #2

Name: _____

Relationship: _____

Best Number: _____

More Numbers: _____



WAIVER OF LIABILITY AND ACCEPTANCE OF POLICIES FORM

I have read the Suthers Center for Christian Outreach Food Pantry (SCFP) Handbook and Training Manual and, for my safety and others, agree to comply with the established policies and procedures and any information provided at the start of my volunteer shift by the shift manager.

As a volunteer, I do not expect to be compensated. I do not expect to be covered by health insurance, worker's compensation or other benefits.

I attest that I am physically fit and prepared to perform the tasks assigned to me as a food pantry volunteer.
I understand I may choose at any time to decline participation in an activity or to stop my participation entirely with the SCFP.

I understand that I may have access or become aware of client, Suthers Center for Christian Outreach, or St. Martin in the Fields Episcopal Church information that is confidential. I agree to treat such information as confidential and not release it to any third party without appropriate permission from a member of senior level management.

I understand that volunteering at the SCFP has inherent risks that may arise from the pantry operations, my own actions or inactions, or the actions of inactions of the SCFP or St. Martin in the Fields, their directors, officers, employees and agents (collectively, the "Released Parties"), other volunteers, and others present at the Food Bank. As a volunteer, I hereby agree to hold harmless and waive any and all claims or causes of action against The Suthers Center for Christian Outreach or St. Martin in the Fields Church arising out of any cause whatsoever, including but not limited to claims arising out of negligence or intentional conduct of their volunteers or agents. I assume all risk of personal injury, death, property damage and or any other loss that I or _____, the minor, may sustain or cause to others as a result of participation in the program.

I authorize the staff of Suthers Center for Christian Outreach and/or St. Martin in the Fields Church to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon Suthers or the Church to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my volunteer activities with the Food Pantry.

I understand that under Georgia law, there is no liability for an injury or death of an individual entering the Suthers Center for Christian Outreach Food Pantry premises, or the broader St. Martin in the Fields Episcopal Church and St. Martin's Episcopal School premises, if such injury or death results from the inherent risks of contracting COVID-19. I understand that I am assuming this risk by entering these premises. [The Georgia COVID-19 Pandemic Business Safety Act (SB 359 and O.C.G.A. § 51-16-4)]

I grant the Suthers Center for Christian Outreach full permission to use photographs of me for publicity and promotional purposes.

Signature: _____ Date: _____
(Actual signature required)

For volunteers under the age of 18, the signature of a parent or guardian is required.

Print Name: _____

Relationship: Parent ☐ Guardian ☐

Signature: _____ Date: _____
(Actual signature required)