

THE ROHDE CENTER VOLUNTEER AGREEMENT

Who is covered by this agreement: Anyone who is not an employee of the South Jefferson Community Action Corporation, dba The Rohde Center.

Name: _____

Address: _____

Phone: _____ Cell: _____

e-mail address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Volunteer Interest: Please check all activities in which you participate:

- Board of Directors
- Food Pantry Worker
- Fresh Food Distribution Worker
- Special Events
- Other (please specify) _____

As a Rohde Center volunteer, I agree to the following:

- o I will ensure the confidentiality of all information regarding the clients of The Rohde Center.
- o The Rohde Center is a registered NYS charity corporation. I understand that I can receive no payment, either actual or in-kind, in return for service. I also understand that I may receive any service provided by the Rohde Center or other service provider as long as I meet the established financial guidelines. I can receive no preferential treatment or service in return for volunteering my services to The Rohde Center.

- I will not eat or remove any food while working in the pantry and/or at the Fresh Food distribution programs.
- I must be able to safely lift up to 50 lbs to work in the food pantry.
- I understand that under NYS law, I am not covered by workers compensation for injuries I may receive while volunteering.
- I understand that I may be engaging in activities that involve potential risk. I assume all risk and responsibility for my own behavior. I agree that I will perform only those activities that I am comfortable doing. I agree to hold harmless and release The Rohde Center, its' directors, officers, volunteers and employees from any claim, demand or cause of action by me or my agent from damage or liability that may result from volunteering at The Rohde Center.
- I agree to use any and all safety procedures and equipment determined necessary by The Rohde Center Board of Directors.
- I agree to wear clothing & footwear that The Rohde Center determines to be appropriate to the work.

If you are under 18 yrs of age, a parent or guardian must sign.

Notes:

Volunteer signature: _____

The Rohde Center representative: _____

Date: _____

Please keep a copy of this agreement for your records