

VOLUNTEER WAIVER

Mr. / Ms. / Mrs. First Name: _____ Last Name: _____

Organization/Employer: _____

Does your company have a matching gift program for volunteerism? Yes / No

So we can most accurately track your family's total impact to the St. Louis Area Foodbank, do you have a spouse, partner or significant other who also volunteers or donates? Yes / No

If so, what is their name? _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Release Agreement

I understand that I am volunteering my services to the St. Louis Area Foodbank, Inc. I hereby release, indemnify and hold harmless the St. Louis Area Foodbank, Inc., its officers, directors, employees, successors, assigns, legal representatives, organizers, sponsors and supervisors of its activities, from any and all claims, causes of action and liability arising from or in any way connected with my volunteer participation with the St. Louis Area Foodbank, Inc.

I understand I am expressly assuming all risk, including but not limited to all risk of injury, associated with my volunteer participation at the St. Louis Area Foodbank, Inc. and/or any activity conducted offsite on behalf of the St. Louis Area Foodbank, Inc.

I understand that while volunteering at the St. Louis Area Foodbank, Inc., photographs may be taken of the volunteers while on the premises. I hereby grant permission and consent for the St. Louis Area Foodbank, Inc. and its authorized representatives to record, via photography or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochures, other printed material, or social media postings used by the St. Louis Area Foodbank, Inc., and that such use shall be without payment of fees, royalties, or any other compensation.

COVID-19 ACKNOWLEDGEMENT:

I acknowledge that I am feeling well today and am not experiencing symptoms of illness. I have not traveled to areas impacted by Coronavirus in the last 14 days. I acknowledge that if I have traveled to impacted areas or if I am experiencing symptoms of illness, I may be asked to not volunteer today. I recognize that I will qualify to volunteer after I am symptom free after 14 days.

FOR THOSE WITH MINORS: If only one chaperone, parent or guardian signs these forms on behalf of a minor volunteer, then the undersigned chaperone, parent or guardian of the minor Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the minor volunteer, that he/she is fully authorized to do so, and that by executing such Volunteer Release form, the undersigned is binding himself/herself, the Volunteer and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns and legal representatives to such Release.

All information obtained, including name, address and telephone numbers, etc., shall be kept strictly confidential by the St. Louis Area Foodbank, Inc.

By signing below, I express my understanding and intent to enter into this Release Agreement willingly and voluntarily.

Signature: _____ Date: _____

I would like to receive emails from the Foodbank about advocacy and opportunities to fight hunger and feed hope in the future.

St. Louis Area Foodbank
70 Corporate Woods Drive
Bridgeton, MO 63044
314-292-6262 | STLFoodbank.org

The logo for the St. Louis Area Foodbank. It features the word "Foodbank" in a sans-serif font, with a red flame-like shape above the letter "o". Below "Foodbank" is the text "St. Louis Area Foodbank" in a smaller, red, italicized font.

Foodbank®
St. Louis Area Foodbank