

# Volunteer Agreement and Release of Liability

Midwest Food Bank (MFB) appreciates your willingness to serve as a volunteer. We want you to be aware that volunteers at MFB work in a warehouse environment near heavy moving equipment, large pallets of bulk food product and cases of canned and boxed goods. **Because of the potential risks associated with working in a warehouse, we ask that you read this Agreement and Release of Liability carefully, and if you agree with its terms, sign below.**

## YOUR ROLE AS A MIDWEST FOOD BANK VOLUNTEER:

In consideration of the privilege of serving the needy as a volunteer of MFB, you agree as follows: (1) You are not an employee, agent, subcontractor, or independent contractor of MFB and have no expectation that, as a result of your volunteer service, you will be provided employment with MFB, now or in the future. MFB also will not provide you with compensation, unemployment insurance, worker's compensation, or any other benefit of employment in connection with your volunteer service; (2) You will seek to perform the volunteer duties assigned by MFB to the best of your ability, and will comply with all policies and procedures of MFB; and (3) You may discontinue your service as a volunteer at any time, with or without notice, and for any reason, with or without cause.

## YOU RELEASE MIDWEST FOOD BANK FROM LIABILITY:

In consideration of the privilege of serving the needy as a volunteer of MFB, you release MFB, its directors, employees, and lead volunteers from any and all claims, demands and liabilities for property damage, personal injury and/or death to you or to your property, arising from your volunteer activities with MFB. You also agree not to sue, or to commence any legal action, complaint, or charge against MFB, its directors, employees and lead volunteers regarding any matter covered by this Agreement and Release of Liability.

## EMERGENCY HEALTHCARE AUTHORIZATION:

In the event of your injury or illness, whether real or suspected, during your volunteer service by MFB, you authorize and give permission to take you or arrange for emergency transportation to a doctor or hospital for medical diagnosis or treatment, including but not limited to emergency surgery or medication, and you assume the responsibility of all related fees and expenses arising there from.

By signing below, you acknowledge that you have carefully read this Agreement and Release of Liability, and agree with its terms as binding on you, your heirs, legal representatives, successors and assigns. If you are under 18, you also must obtain the consent, agreement and release of a parent/guardian who is legally responsible for you as reflected below.

Print First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned parent/guardian of a volunteer under the age of 18 years, consent to the participation of the minor child identified above as a volunteer with MFB. My signature indicates that I have fully read this document, am legally responsible for the child identified and am qualified to sign this agreement. I hereby consent and agree to the terms of this Agreement and Release of Liability on behalf of my child/guardian and agree that it shall be binding upon me, my heirs, legal representatives and assigns.

**Parent/Guardian**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_