



VOLUNTEER CONSENT & RELEASE FORM

The Arkansas Foodbank wants to ensure the safety and protection of our volunteers. Therefore, we require that all volunteers complete the following *Volunteer Consent & Release* form for each volunteer over the age of 18 prior to being allowed to volunteer. If you will be volunteering with anyone who is under the age of 18, they will need to have the *Youth Volunteer Consent & Release* form completed by their parent or guardian. All volunteers will be required to follow the *Arkansas Foodbank Volunteer Policies & Guidelines*, as well as the directions from Arkansas Foodbank staff members. Please review the *Arkansas Foodbank Volunteer Policies* prior to your arrival at the Arkansas Foodbank. Please call 501.565.8121 if you have any questions.

Please note: Volunteers who arrive without a *Volunteer Consent and Release* form or without one on file will not be allowed to volunteer that day.

I request permission to enter the Arkansas Foodbank, including but not limited to the offices and warehouse, located at **4301 West 65th Street, Little Rock, AR 72209**, and to participate in volunteer activities to be held during **20_____ (year)**. This *Volunteer Consent & Release Form* is for all my volunteer and other activities with the Arkansas Foodbank or on Arkansas Foodbank property during that year. I know the risks of injury to my person and property that may be sustained in connection with the stated and associated activities in and about the premises. I understand that the Arkansas Foodbank cannot be held liable or responsible for any injury that may result from my participation.

In consideration of the permission granted to me to enter the premises and participate in the stated activities, I, for myself, my heirs, administrators, and assigns, forever release and discharge Arkansas Foodbank and the owners, operators, and sponsors of the activities and all equipment used in such activities as well as their respective agents, officers, and officials, and all other participants in the stated activities of and from all claims, demands, actions, and causes of action of any sort, for injury sustained to my person and/or property, during my presence on the premises and my participation in the stated activities due to negligence or any other fault.

I represent and certify that my true age is 18 years or over, and if I am under the age of 18 years, I represent and certify that I have the permission of my parent and/or guardian to participate in the stated activities, and that they have full knowledge of the stated activities.

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I certify that my attendance and participation of the stated activities is voluntary, and that I am not, in any way, the employee or agent of the owner, operators, or sponsors of the premises and the activities, vehicles and equipment, in the same.

The Arkansas Foodbank also has my permission to use any photographs or videotape taken during volunteer activities in any and all publicity.

I have read and understand this consent and release and have reviewed the *Arkansas Foodbank Volunteer Policies & Guidelines* and understand my responsibility to follow these guidelines while I am serving at the Arkansas Foodbank.

Please print the following required information:

Name: _____ Birthday: _____

Contact Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Emergency Contact Name: _____ **(required)**

Emergency Contact Phone Number: _____ **(required)**

Signature of Volunteer: _____ **Date:** _____

* Please return completed and signed Consent & Release Form to the Arkansas Foodbank.

This permission form will be kept on file at the Arkansas Foodbank and is valid through the end of this calendar year.