



750 Memorial Drive
Danville VA 24541
(434) 793-3663
godsstorehouse@comcast.net

Volunteer Release Form

Confidentiality Agreement

We have an obligation to our customers to maintain confidentiality and respect their privacy. You may have access to confidential information that you must not share with anyone that does not have a professional right to know the information. You are free to talk about the mission of God's Storehouse and about your position, but you are not permitted to disclose customers' names or talk about them in ways that will make their identity known. Such information is not to be shared with your family, friends, or acquaintances, and release of confidential information could result in your dismissal and in legal proceedings against you.

Voluntary Participation

I acknowledge that I am age 18 or older and that I have voluntarily agreed to assist God's Storehouse with their mission to provide food to hungry individuals in Danville & Pittsylvania County. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by God's Storehouse, and that I will not be eligible for any Workers Compensation benefits.

Liability Release

In consideration of the opportunity afforded me to assist God's Storehouse, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against God's Storehouse, its affiliated organizations, officers or directors collectively or individually, any of the volunteer workers, or any of God's Storehouse's clients, for any physical or emotional injury or damage to my property, however caused, arising from my participation in its mission. Without limiting the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from my physical or emotional injury, or damage to my property, sustained in connection with my participation at God's Storehouse.

Media Release

I consent to the unrestricted use by God's Storehouse and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me taken in conjunction with my service to God's Storehouse.

Volunteer Acknowledgement

Please read the following statements to indicate your receipt of the Volunteer Handbook.

- I have received and reviewed the Volunteer Handbook and have had an opportunity to ask questions regarding policies and procedures of the Executive or Assistant Director.
- I understand and acknowledge that the policies and procedures described herein are subject to change.
- I understand and acknowledge that my volunteer service may be ended at will, either by myself or God's Storehouse, regardless of the length of my volunteering.
- I understand that my signature below indicates that I have read, understand, and acknowledge the policies and procedures described in the handbook.

I have had the opportunity to read and understand the release form and acknowledge that by signing below, I am waiving certain legal rights in the event of injury. I accept and agree to the terms contained above.

Volunteer Signature

Print Name

Date

For God's Storehouse Use Only – Updated 1/2017

Received: _____

Entered: _____

Scanned: _____

ID Number: _____