



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

Volunteer Release Form – Minors

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 my child _____ is under the age of 18, a legal minor and has voluntarily agreed to assist God’s Storehouse with their mission to provide food to hungry individuals in Danville & Pittsylvania County. I understand that my child will not be paid for his/her services, that he/she will not be covered by any medical or other insurance coverage provided by God’s Storehouse, and that he/she will not be eligible for any Workers Compensation benefits. I understand that I or another supervising adult, must stay with my child at all times during his/her volunteer work if he/she is 14 years of age or younger.

Liability Release

In consideration of the opportunity afforded my child to assist God’s Storehouse, I hereby agree that I, my child, my assignees, heirs, guardians, and legal representatives, will not make a claim against God’s Storehouse, 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 child’s physical or emotional injury, or damage to my property, sustained in connection with his/her participation at God’s Storehouse.

Media Release

I further 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 my child taken in conjunction 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 child’s volunteer service may be ended at will, either by myself or God’s Storehouse, regardless of the length of my child’s 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 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.

Parent Signature

Print Name

Date

Minor Signature

Print Name

Date

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

Received: _____

Entered: _____

Scanned: _____

ID Number: _____