750 Memorial Drive
Danville, VA 24541
(434) 793-3663
info@godsstorehouse.org

One-Time Community Service 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 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.

Please Complete the Following Information

Emergency Contact Name:_____ Relationship:_____ Phone:_____

❒ I HAVE NEVER BEEN CONVICTED OF AN ACT OF VIOLENCE, HARASSMENT, SEXUAL MISCONDUCT OR IDENTITY THEFT. I understand that if I have been convicted of one of these offenses I am not permitted to volunteer.

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 herein.

_____	_____	_____
Volunteer Signature	Print Name	Date
_____	_____	_____
Parent/Guardian Signature (*if volunteer is 17 or younger*)	Print Name	Date

Your Email Address: _____ ❑ Yes, I would like to receive GSH emails

Revised Sep. 2019 | Emily Holder, Assistant Director