



BERKELEY FOOD & HOUSING PROJECT

VOLUNTEER APPLICATION

Contact Information		
Date:	First Name:	Last Name:
Address:		
Phone:	Email:	
In case of emergency, please notify:		
Name:	Relationship:	Phone:
Please tell us where you work and if you are affiliated with any businesses or organizations. It may be helpful for funding purposes.		
Place of Employment:		
Affiliations:		

Availability			
<i>Please rank your top three (3) preferences, 1 being the most desirable.</i>			
<i>If you would like to serve multiple shifts per week, please mention that in the notes below.</i>			
Community Meal	North County Women's Center	Men's Housing Program	
Mondays 2:45pm-5:00pm	Mondays 10:00am-12:00pm	<i>Please indicate, in the notes below, your desired day of week and/or general time period and we will send you list of available dates.</i>	
Tuesdays 2:45pm-5:00pm	Tuesdays 10:00am-12:00pm		
Wednesdays NOT AVAILABLE	Wednesdays NOT AVAILABLE		
Thursdays 2:45pm-5:00pm	Thursdays 10:00am-12:00pm		
Fridays 2:45pm-5:00pm	Fridays 10:00am-12:00pm		
We ask that volunteers sign up for a regular shift for at least three months, please note your estimated start and end dates below.			
Desired Start Date:		Desired End Date:	
Notes			

Volunteer Agreement

BFHP Agrees to:

1. Provide a Volunteer Coordinator who is responsible for managing the Volunteer Program including recruitment, screening, volunteer placement, and volunteer support.
2. Offer all necessary training and program orientation.
3. Provide a productive opportunity to acquire new skills and experience.
4. Ensure mutual respect between volunteers and staff.
5. Review volunteer comments regarding the volunteer program.
6. Track accurately volunteer hours served.
7. Respond to all emails and phone calls within three (3) business days.

Volunteer Initial _____ Date _____

Volunteer Agrees to:

1. Maintain confidentiality regarding all matters pertaining to BFHP clients and staff.
2. Notify the Volunteer Coordinator of any changes in availability.
3. Respond to emails or phone calls within three (3) business days. (Ongoing communication between staff and volunteers will ensure that meal service runs smoothly.)
4. Conduct behavior and wear clothing appropriate to the volunteer environment.
5. Accept assignments and decisions of the Volunteer Coordinator or direct supervisor.
6. Use BFHP space and equipment only for work assigned and at authorized times.
7. Maintain the dignity and integrity of BFHP with the public.
8. Provide suggestions and accept feedback regarding improvement of the volunteer program.
9. Follow proper steps to exit service.

Volunteer Initial _____ Date _____

Acknowledgement of Understanding: I, the Volunteer and undersigned, have read this agreement, and will abide by these guidelines.

Signature of Volunteer

Printed Name of Volunteer

Date

Release and Waiver of Liability

This form is for individuals over 18 years of age. Please read carefully. This is a legal document.

This Release and Waiver of Liability (the "Release") executed on ____ day in the month of _____, year _____, by _____, (the "Volunteer"), in favor of Berkeley Food and Housing Project (the "BFHP"), a Berkeley nonprofit corporation, its director, officers, employees and agents, clients, donors and volunteers. The Volunteer desires to work as a volunteer for BFHP and engage in the activities related to being a volunteer.

As a condition of volunteering with BFHP, the Volunteer do hereby freely, voluntarily and without duress execute this Release under the following terms:

1. Waiver and Release

Volunteer does hereby release and forever discharge and hold harmless BFHP and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for BFHP. Volunteer understands and acknowledges that this Release discharges BFHP from any liability or claim that the Volunteer may have against BFHP with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for BFHP, whether caused by negligence of BFHP or its officers, directors, employees, or agents, clients or otherwise. Volunteer also understands that BFHP does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury or illness.

2. Medical Treatment

Volunteer does hereby release and forever discharge BFHP from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered or lack thereof, in connection with the Volunteer's work for BFHP.

3. Insurance

Volunteer understands that, except as otherwise agreed to by BFHP in writing; BFHP does not carry or maintain primary health, medical, life or disability insurance coverage for any Volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Acknowledgment of Understanding: I, the Volunteer and undersigned, have read this release and waiver of liability agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent by the law.

Signature of Volunteer

Print Name of Volunteer

Date

Photographic Release

I hereby grant Berkeley Food and Housing Project (BFHP) the right to use my photograph, name and likeness in all agency promotional materials, including videos, newsletters, mailings to organizations and people that are on the distribution list of BFHP, and in connection with any and all promotional events and projects conducted by or for BFHP.

Signature of Volunteer

Print Name of Volunteer

Date