

ALLIANCE COMMUNITY PANTRY

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on ___ day _____ month _____ year, by _____ (the Volunteer) in favor of Alliance Community Pantry, Inc., a State of Ohio non-profit corporation, its directors, officers and agents (collectively ACP).

The Volunteer desires to work as a volunteer for ACP and engage in activities related to being a volunteer. The Volunteer does 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 ACP and its successors and assigns from any and all liability, claims and demands of whatever kind or nature which arise or may hereafter arise from Volunteer's work or activities related to being a volunteer for ACP.
Volunteer understands and acknowledges that this Release discharges ACP from any liability or claim that the Volunteer may have against ACP with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work or activities related to being a volunteer for ACP, whether caused by the negligence of ACP or its officers, directors, or agents or otherwise. Volunteer also understands that ACP 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.** Except as otherwise agreed to by ACP in writing, Volunteer does hereby release and forever discharge ACP from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for ACP.
3. **INSURANCE.** The Volunteer understands that, except as otherwise agreed to by ACP in writing, ACP does not carry or maintain health, medical or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
4. **PHOTOGRAPHIC RELEASE.** Volunteer does hereby grant and convey unto ACP all right, title and interest in any and all photographic images and video or audio recordings made by ACP during the Volunteer's work or activities related to being a volunteer for ACP, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
5. **OTHER.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

(OVER)

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer:

Name: _____ Signature: _____

Address: _____ Phone: _____

_____ E-mail: _____

In case of emergency, please contact: _____

Phone: _____

If Volunteer is under age 18, the parent should sign the form on their behalf.

Parent's signature

Any other information we should be aware of (allergies, medications, physical conditions, etc.):

Circle one: Individual or Group

Group Name: _____

CONFIDENTIALITY POLICY ACKNOWLEDGMENT FORM
Alliance Community Pantry

Any information that a volunteer including a Board of Directors member learns about the Alliance Community Pantry or its members, clients, or donors, as a result of volunteering for the Alliance Community Pantry that is not otherwise publicly available constitutes confidential information.

Volunteers may not disclose confidential information to anyone who is not associated with the Alliance Community Pantry or to other persons associated with the Alliance Community Pantry who do not need to know such information to assist in rendering services.

The disclosure, distribution, electronic transmission or copying of the Alliance Community Pantry's confidential information will be subject to disciplinary action (including possible separation), even if the individual does not actually benefit from the disclosure of such information.

I understand the above policy and pledge not to disclose confidential information.

Signature: _____

Print Name: _____

Date: _____

Please sign and return to the Operations Committee Chair.

Staff/Volunteer Name: _____
(Please print)

Agency Name: _____

CIVIL RIGHTS TRAINING FOR VOLUNTEERS WHO ASSIST WITH FNS PROGRAMS

- _____ Goals of civil rights – fairness and equality of treatment and benefit delivery
- _____ Legal prohibitions – discrimination is prohibited on the bases of race, color, national origin, age, sex, and disability in special nutrition programs funded by the USDA, Food and Nutrition Service. (The Food Stamp Program and Food Distribution Program on Indian Reservations also prohibit discrimination based on religion and political beliefs in addition to the bases listed above.)
- _____ Types of Discrimination – Disparate treatment (intentional), disparate impact (neutral rule impacts disproportionately on a group), reprisal/retaliation against complainant or his/her family, associates or others involved in complaint process or exercising civil rights.
- _____ Exceptions - Congress can establish a program that is intended for certain groups of people, and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination or disability discrimination for those who do not meet the age limits.
- _____ When do civil rights rules apply – Civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.
- _____ Special circumstances
 - _____ Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities (e.g. mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.
 - _____ Provide other language assistance to persons with limited English proficiency who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances.
- _____ Other requirements
 - _____ Treat all people with dignity and respect.
 - _____ Display the USDA “And Justice for All...” non-discrimination poster in a place where it can be seen by all who visit the premises.
 - _____ Include the USDA non-discrimination statement on all materials that mention USDA funded programs and make sure the statement is also on web sites that mention USDA funded programs.

- _____ Conduct outreach to insure that potentially eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits.
- _____ Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to managers. What happens at the site stays at the site. The exception, of course, is any illegal or inappropriate behavior that should be reported to state or federal officials.
- _____ Collect racial/ethnic data (except TEFAP) and use it to target outreach and to assess participation. Make sure individual data are kept confidential. If people refuse to provide, you must code for them based on perception.
- _____ Cooperate with State and Federal reviewers. They are required to conduct periodic compliance reviews to help insure that program and civil rights rules are being obeyed.
- _____ If there is non-compliance, correction of problems and voluntary compliance is sought. Failure to abide by civil rights rules can lead to loss of Federal financial assistance.
- _____ Sexual harassment is prohibited. Do not engage in or tolerate unwanted or unwelcome sexual behavior including jokes, touching, requests for sexual favors, etc. Report violations to management or to state or federal officials.
- _____ Advise people who allege discrimination about how to file a complaint. They may write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). In the Midwest Region they may also write to Regional Director, Civil Rights/EEO, 77 W. Jackson Blvd., FL 20, Chicago, IL 60604-3591 or call (312) 353-3353. Almost all complaints are referred to the Chicago office for investigation and are actually investigated by staff from FNS field offices located in the state where the complaint originated.
- _____ If conflicts occur, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation.
- _____ Follow the platinum rule – treat people the way they would like to be treated (or be aware of what that is)!

Staff/Volunteer Signature: _____

Date: _____