



SECOND CHANCE FOODS

Elevating the health of people and planet.

NEW VOLUNTEER INFORMATION & WAIVER

Name: _____

Address: _____

Phone: _____ Type: ___ mobile / ___ home / ___ work

Email: _____ Birthday Month/Day _____

Emergency Contact: _____ **Relationship:** _____

Emergency Phone: _____

*Thank you for volunteering with Second Chance Foods, Inc. (SCF). By signing below, I acknowledge that I (or my minor child) will be working in a commercial kitchen staffed mostly by other volunteers and that there are risks inherent and apparent to this work. Risks include, but are not limited to: slippery floors, sharp knives, heavy and hot objects. I will **NOTE where the EMERGENCY EXITS** are and advise SCF staff/volunteers of any tasks I am uncomfortable performing. I hereby agree to hold SCF and other volunteers harmless for any injuries I incur in the course of my work for SCF.*

CONFIDENTIALITY POLICY: We, the staff and volunteers of Second Chance Foods, respect your right to privacy. It is our primary goal to assure you that any information entered into our filing/computer system, or shared with us during discussions, is kept private. Our agency does not give any of this information to any person or agency without your consent. We hope that this allows you to feel safe and comfortable at Second Chance Foods.

I, the undersigned, have read the above information and confidentiality policy. I acknowledge that I am voluntarily participating in this activity, entirely at my own risk, understand that by signing this statement, I agree to uphold this policy and respect the rights of Second Chance Foods clients.

PHOTOGRAPHIC RELEASE: I, ___ do ___ do not grant permission for Second Chance Foods to use my photograph for the purposes of publicity and advertising, such as newspaper articles and on the organization's website.

Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____