



## **Volunteer Registration**

**Thank you for your willingness to serve and volunteer with Clark County Food Bank. Your participation truly contributes to our vision of alleviating hunger and its root causes. You are making a difference!**

### **General Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Children/Minors in Family: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Group/Organization (if applicable) iTech Prep

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: (     ) \_\_\_\_\_

Any physical limitations CCFB should be aware of? \_\_\_\_\_

### **Code of Conduct**

1. Represent Clark County Food Bank in a positive manner at all times.
2. Practice and ensure safety measures at all times related to machinery and food handling. Do not use any equipment (i.e., warehouse, farm, etc.) unless trained and directed to do so by a staff member. No eating, drinking, or smoking in the warehouse.
3. Arrive for scheduled shifts on time and stay until shift is completed. Call the volunteer coordinator if unable to make the scheduled volunteer shift.
4. Always model respectful, kind behavior in words and actions, reflective of Clark County Food Bank.
5. Always follow given instructions from staff, volunteer leaders, and landowners.
6. Participate as a group. Follow CCFB policy to not be alone with another volunteer participant at any time.
7. Dress in clean and neat clothing that is in good taste and does not promote alcohol, drugs or have offensive language. Wear clothing that does not expose midriff or show underwear. Shoes must be closed-toed, no flip flops or sandals.
8. Be accompanied by an adult at all times if under the age of 14 years.
9. Abstain from using drugs and/or alcohol while participating in a CCFB volunteer-sponsored activity. Refrain from use of any tobacco products during the activity.
10. Sign in and out on the Volunteer Service Log each time a volunteer shift is completed.

Release of All Claims

Please read this form carefully and be aware that by signing this form and participating in Clark County Food Bank's volunteer projects and activities, you are assuming all risk and legal liability of participation and hereby waive and release all claims for injuries, damages or loss which you or your minor child might sustain as a result of participating in the Clark County Food Bank's volunteer projects and activities, either on-site or at any Clark County Food Bank related activity (i.e., Heritage Farm, other gardens, community outreach, etc.)

Acknowledgement and Assumption of Risk: I am duly aware of the risks and hazards that may arise through volunteering in a Clark County Food Bank volunteer project, and assume any expenses and liabilities I incur in the event of an accident, illness or other incapacity. I understand that these activities may include strenuous work and physical activity. If I have any questions about the volunteer activity, its nature, risks or hazards, I will contact the Clark County Food Bank volunteer coordinator and discuss those questions with he/she to my satisfaction. I am aware the activities in which I am voluntarily engaging require I be physically, mentally and emotionally fit and able to participate in this program. I recognize it is my sole responsibility to accurately and honestly assess my physical, mental and emotional fitness. I further state I am aware of all inherent dangers of participation and the risks associated with my participation in the Clark County Food Bank volunteer activities and I understand, accept and assume those hazards and risks, and waive all claims against the Clark County Food Bank and others as set forth below.

Release of Liability: I acknowledge that my participation in the Clark County Food Bank volunteer project is voluntary and I agree to take due care during such participation. Furthermore, I hereby release and discharge, and agree to indemnify and hold harmless the officers, directors, members, agents, employees, landowners and volunteers of the Clark County Food Bank against all claims, demands, causes of action whatsoever, relating to injury, disability, death or other harm, to person or property or both, which may arise out of my participation in this activity. I understand that this means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs that I may incur. After careful deliberation, I voluntarily give my consent and agree to this Acknowledgement and Assumption of Risk and Release of Liability.

If above named person is a minor, then I assert that I am the parent or legal guardian of the participant listed above. I have read, understand and agree to the provisions of this Acknowledgement and Assumption of Risk and Release of Liability. I consent to the participant listed above taking part in the Clark County Food Bank volunteer activity. I hereby release and discharge, and agree to indemnify and hold harmless, the Clark County Food Bank and its officers, directors, members, agents, employees, landowners and volunteers of the Clark County Food Bank, against all claims, demands and causes of action whatsoever, relating to injury, disability, death or other harm, to person or property or both, arising from my child's/ward's participation in the activities at a Clark County Food Bank volunteer project.

Consent: I irrevocably grant the Clark County Food Bank and its agents, the unrestricted right to use my name, likeness, photos, video images and voice recording for any purpose including promotion, advertising or other purposes.

(Initial here if you do NOT grant permission) \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

(Or parent/guardian if Name above is a minor)

\_\_\_\_\_  
Date

# VANCOUVER PUBLIC SCHOOLS

## FIELD TRIP PERMISSION AND INFORMED CONSENT FORM

Student Name: \_\_\_\_\_

### General Information

School	Teach
Teacher Name(s) & Grade(s)	Mr. Midkiff, 6-12th
Date(s) of Trip	12/14/17
Destination	Clark County Food Bank
Purpose of Field Trip	Service Project
Approx. Number of Students	500
Min. Number of Adults	All Staff

☐ Itinerary is attached      ☐ List of items needed is attached

### Type of Transportation:

☒ District Bus      ☐ Other District Vehicle      ☐ Commercial Transportation      ☐ Rental Vehicle(s)  
☐ Other (explain) \_\_\_\_\_

### Medical Information:

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: \_\_\_\_\_

If your student will need to bring prescribed medication, the Authorization for Administration of Medication form must be completed and signed by the health care provider and parent/guardian and attached to this form. For over-the-counter medications, please check with your school nurse for procedure.

### Medical Release:

In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of students, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

### Consent:

I understand that participation in this field trip is voluntary. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in field trip activities away from school. With this knowledge, I expressly release and hold harmless the school district, its employees, agents, and volunteers from any liability associated with this field trip and realize this activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the field trip activity described above.

Parent/Guardian Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Print)

Alternate Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Will you need a school lunch?  
YES — NO —