



Central Rivers Farmshed Volunteer Waiver of Liability

This Waiver of Liability (the "Waiver") is executed by _____ (the "Volunteer") in favor of Central Rivers Farmshed and its directors, officers, employees, and agents (collectively, Farmshed"), a nonprofit corporation organized and existing under the laws of the State of Wisconsin.

I, the Volunteer, desire to work as a volunteer for Farmshed and engage in the activities related to being a volunteer for a work project.

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless Farmshed 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 my volunteer work with Farmshed.

I understand and acknowledge that this Waiver discharges Farmshed from any liability or claim that I, the Volunteer, may have against Farmshed with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Farmshed work site. I also understand that Farmshed 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, illness, death or property damage.

2. Assumption of the Risk. I understand that my time with Farmshed may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Farmshed from all liability for injury, illness, death, or property damage resulting from the activities of my time with Farmshed.

3. Photographic Release. I grant Farmshed all right, title, and interest in any and all photographic images and video or audio recordings made by Farmshed during my work for Farmshed. Photos may be published in newsletters, annual reports, or the Farmshed website.

4. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. I agree that in the event that any clause or provision of this Waiver 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.

PRINT Volunteer Name (and Organization, if applicable)

Signature

Date

Email

*Office Use Only Date Entered: _____ By (Staff or Vol Name): _____



Central Rivers Farmshed

Volunteer Agreement

Thank you for choosing to dedicate your time and energy to creating a strong local food community by volunteering with Farmshed. This agreement outlines the expectations of the volunteer and the agency so the volunteer can be successful in meeting their personal goals while fulfilling the mission of the agency.

The Agency Agrees to:

1. Provide adequate information, training and assistance for each volunteer to be effective.
2. Willingly receive the volunteers' comments and suggestions.
3. Treat each volunteer as a member of our team.
4. Provide feedback on volunteer performance and appreciation for their work.
5. Respect the skills, dignity and individual needs of each volunteer.

Signature of Agency Representative

Date

The Volunteer Agrees to:

1. Act as a member of the team at all times to accomplish the mission of the agency conduct myself with honesty, dignity and courtesy. Follow all rules and accept supervision with a willingness to learn, and ask about things not understood.
2. Be punctual, conscientious in fulfilling assigned duties to the best of my ability. Report hours to the best of my ability.
3. Adhere to my schedule and promptly report any absence. Notify the Volunteer Coordinator when I am no longer able to volunteer, or if my volunteer work will be interrupted for an extended period of time.
4. Discuss any problems, concerns or suggestions with the Volunteer Coordinator.
5. Adhere to the drug-free workplace policy. Volunteers must not use or be under the influence of controlled substances while volunteering.
6. Use office equipment (computers, phones, etc.) and supplies for agency business only, unless given specific permission. Report missing or broken items.
7. **Confidentiality Agreement:** As a condition of volunteer placement, I agree not to divulge to unauthorized persons any confidential information obtained from observation, conversation, correspondence, personal records or any other source. This includes information about both the staff and people served by the agency. I will not publish, orally disclose or otherwise make public any confidential information, except as I am legally required.

PRINT Volunteer Name (and Organization, if applicable)

Signature

Date

**Office Use Only* *Date Entered:* _____ *By (Staff or Vol Name):* _____