



FOODSHARE
BERKELEY COUNTY

POWERED BY



2025 Volunteer Waiver Form

Thank you for VOLUNTEERING with FoodShare Berkeley County! Volunteers are critical to our operation and mission. You will be volunteering in our warehouse/distribution center helping us with a variety of activities including, but not limited to: sorting, counting, organizing, packaging, cleaning, stocking, moving and lifting produce, boxes and other items.

**** Please let us know about any physical limitations you have or accommodations you need—we want to ensure everyone has a safe and positive volunteer experience.****

Prefix: _____ First Name: _____ Last Name: _____

Preferred Name/Nickname _____ Birthdate: _____

Preferred Email Address: _____ Personal Work

Street Address: _____ City: _____ State: ___ Zip: _____

Preferred Phone Number: _____ Personal Work

Employer (if applicable): _____

Emergency Contact Name _____

Emergency Contact Phone Number _____ Relationship to you _____

Liability Release

I agree for myself, my representatives, agents, heirs, successors and assigns to hereby release and hold harmless FoodShare Berkeley County and Trident United Way and all of its affiliates, officers, agents, trustees, employees, other volunteers, the organizers, at which I volunteer, and sponsors and supervisors of all activities, from any and all responsibility or liability for any personal injury, including death and any injury caused by negligence, and damage to or loss of property I may incur as a result of or in conjunction with FoodShare Berkeley and Trident United Way's volunteer projects. Additionally, I agree to indemnify and hold harmless FoodShare Berkeley and Trident United Way and all its affiliates, officers, agents, trustees, employees, the organizers, at which I volunteer, and sponsors and supervisors of all activities for any claims, accidents and injuries that are caused by me. I also certify that I am in good health and able to participate in the program activities. I also certify that I am authorized to agree to this liability release on behalf of the partner agency, if applicable.

Assumption of the Risk. I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I understand that participation may require a completed wellness check questionnaire upon arrival of any volunteer site to reduce potential exposure to COVID-19;
4. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention.

Communications Release

I hereby authorize and consent that FoodShare Berkeley (including FoodShare SC and its affiliates) and United Way (United Way Worldwide and local United Way(s)), a not-for-profit corporation, its legal representatives, successors or assignees, corporate donor partners, and others shall have the absolute right to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of me on this date or in which I may be included, name or other biographical data, in whole or in part, whether apart from or in connection with, illustrative or written printed matter, story or news item, motion pictures, internet usage, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or my real or fictitious biographical data, or in reproduction thereof in color or otherwise in any media now known or hereby created. I hereby waive all claims for any compensation for such use or for damages other than as set forth herein. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I acknowledge that there is no obligation to use any material authorized by me hereunder. I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to execution, and that I am fully familiar with the contents thereof.

Confidentiality and Privacy Policy

Ensuring privacy is vital to the mutual trust between Trident United Way, FoodShare Berkeley and the community. It is understood and agreed that the volunteers may be privy to certain information that may be considered confidential. To ensure the protection of such information, volunteers agree to:

1. Respect the privacy rights of all individuals
2. Ensure all individual information remains confidential and handled, stored and disposed of as required by FoodShare Berkeley staff and policy.
3. Volunteers shall not disclose confidential information to any third party (whether an individual, organization or other entity) without prior written consent.
4. Confidential Information includes any confidential, personally identifiable and/or sensitive information which is provided by clients, staff or volunteers and/or which is accessible through electronic or paper files.

By signing this I acknowledge that I have read, understand and agree to the Liability and Communications Releases as well as the Confidentiality and Privacy Policy.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Parent/Legal Guardian Signature (if volunteer is under 18 years of age) _____



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Trident United Way

FoodShare Berkeley County Volunteer Safety Standards

*These guidelines are to ensure everyone remains safe during their volunteer experience

1. Upon arrival volunteers will be asked to sign in and instructions will be given at that time.
2. Volunteers are asked to wear sturdy, closed toe shoes and comfortable clothing that you don't mind working/bending/lifting items in.
3. Volunteers of all ages and abilities are welcome and we have a place for you but, for safety reasons volunteers under the age of 16 are not permitted in the warehouse without a parent or chaperone. **You are responsible for constant supervision of children under 16 years of age. Please include all children and their ages during sign up so we can plan the most appropriate activities for everyone.**
4. No persons with boils, sores, infected wounds, or any other infections or communicable diseases are permitted to contact food.
5. No outside food, beverages, or gum chewing allowed in the warehouse. Waterbottles are permitted if the container is a clear, re-sealable, non-glass bottle only.
6. Do not take or eat any food from the warehouse.
7. Always place food and food containers on a pallet, shelf, cart or other working surface to prevent slips, trips, and falls. Keep the floor clear of spills, cardboard, wood chips, and other debris.
8. Wash hands before handling food products or food containers, after removing gloves, before/after dealing with produce, after emptying trash, after touching cell phones, face/hair and after using the bathroom to ensure the produce we are packing remains safe.
9. Report any potential safety issues (cuts, spills, etc) to a staff person immediately. Staff will address the issue and ensure the safety of those around.
10. Never lean against any boxes or pallets. Items can shift easily cause items to fall and potential safety issues.
11. If lifting boxes or items be sure to use proper lifting techniques. Bend knees and lift with legs, never with your back!
12. Equipment is for STAFF USE ONLY (pallet jacks, etc). If you are over 18 years old, a staff member can train you how to use this equipment safely.
13. In case of fire or emergency- immediately leave the building using the closest safe exit and gather in the grassy lot near the street. Please listen to directions from Staff.

By signing this I acknowledge that I have read, understand and agree to the FoodShare Berkeley County Safety Standards.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Parent/Legal Guardian Signature (if volunteer is under 18 years of age) _____