

Detroit People's Food Co-op Volunteer Agreement to Serve

Volunteer Name: _____

Thank you for your willingness to volunteer your time with the Detroit People's Food Co-op! As a Co-op, we greatly value our Member/Owners and the Community that we service. Please place your initials next to each line that you read and agree to.

- A. I understand that I will not be monetarily compensated for the time that I donate. _____
- B. I will commit to volunteering at least two hours on the days I sign up to volunteer. _____
- C. I will report on time and will remain at the site until my scheduled time has elapsed.

- D. If I cannot volunteer on the day that I commit to then I will notify a Volunteer Coordinator as soon as possible in advance. _____
- E. I agree to not hold the Detroit People's Food Co-op liable for any personal injuries that I incur or cause and any damage to my personal property or anyone property that I damage. _____
- F. I agree to only volunteer in the capacity in which I was assigned by the Volunteer Coordinator or Event Planner. _____
- G. If I am under the age of 18 then my parent or guardian will sign this form granting me permission to volunteer. My parent or guardian agrees to accept full responsibility for my well-being and any personal injuries that I incur, any damages to my personal property, or any injuries or damages that I cause during my volunteering. I will not hold the Detroit People's Food Co-op responsible for any of the above. _____

Volunteer Signature

Date

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Detroit People's Food Co-op Media Release

I, _____ grant the Detroit People's Food Co-op, or any subsidiaries, affiliates, or assignees of the Detroit People's Food Co-op, the right to use and publish any photographs, videos, or recordings of me and/or accompanying children for whom I am the parent or legal guardian.

I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

My consent is freely given as a public service to Detroit People's Food Co-op without expecting payment. I release Detroit People's Food Co-op and any subsidiaries, affiliates, or assignees from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I understand that I can revoke this release any time in writing and that if or when I do the use of any of my photos or other information authorized by this release will immediately cease.

Name of minor(s) if applicable:

Signees Name: _____

Address (optional): _____

Phone Number: _____

Email: _____

Signature: _____ Date _____

Witness Signature: _____ Date: _____