Hudson Community Food Pantry, Inc.

Location: 28 Houghton Street, Hudson, MA 01749 | Mailing: PO Box 608, Hudson, MA 01749
Tel: 978-562-5280 | Email: hcfp28@gmail.com | Website: https://hudsoncommunityfoodpantry.org/

Volunteer Application Form

Application Date: _____

Name: _____

Address 1: _____

Address 2: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

You Are (please check one): ☐ Youth (under 18 years of age)* ☐ Adult (18 years or older)

***Volunteers who work in the pantry must be age 14 or older. Volunteers who assemble Backpack Buddies food kits may be younger than age 14 and are required to be under the supervision of a parent/guardian at all times.**

I am a student in need of community service hours for school, scouts, etc.: ☐ Yes ☐ No

Availability:

Assist at the Pantry: ☐ Tuesday 8:30 AM – 11 AM ☐ Saturday 8:30 AM – 11 AM
☐ First Thursday of Each Month 6:30 PM – 9 PM

Unload Truck from Greater Boston Food Bank:
☐ Fourth Thursday of Each Month 7:30 AM – 8:30 AM

Assist with Food Pickups at Retail Locations and Deliver to Pantry (Your own pickup truck or van is recommended.):
☐ Monday 8:00 AM ☐ Tuesday 8:00 AM ☐ Wednesday 8:00 AM
☐ Thursday 8:00 AM ☐ Friday 8:00 AM

Assist with Backpack Buddies Food Kit Program:
Assemble Food Kits*: ☐ Yes ☐ No
Deliver Food Kits*: ☐ Yes ☐ No
***Dates and times vary. Assembly locations vary. Your own automobile is required for deliveries.**

Heavy Lifting Ability (up to 25 lbs.): ☐ Yes ☐ No

Emergency Contact:

Name: _____

Home Phone: _____ Cell Phone: _____

Relation to You (please check one): ☐ Daughter ☐ Father ☐ Friend ☐ Mother
☐ Neighbor ☐ Son ☐ Spouse ☐ Other _____

Foreign Languages You Speak: _____

Referral Contact:

If you were referred to the Pantry by another volunteer, Pantry staff member, or Pantry Board member, please let us know her/his name: _____

CONFIDENTIALITY

The protection of confidential information about the individuals served by Hudson Community Food Pantry, Inc. ("HCFP"), as well as its staff, volunteers, and donors is vital to the interest and the success of HCFP. I, the volunteer, agree to respect the confidentiality of all privileged information I gain either directly or indirectly through my work with HCFP, including information that involves staff, volunteers, clients, donors or overall HCFP business.

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") by the volunteer ("Volunteer") named on side one of this application releases Hudson Community Food Pantry, Inc. ("HCFP"), a nonprofit corporation organized and existing under the laws of the State of Massachusetts and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for HCFP and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with HCFP is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, that HCFP will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to HCFP.

Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless HCFP and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to HCFP. I understand and acknowledge that this Release discharges HCFP from any liability or claim that I may have against HCFP with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to HCFP or occurring while I am providing volunteer services.

Insurance: Further, I understand that HCFP does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of HCFP beyond what may be offered freely by HCFP in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby release and forever discharge HCFP from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with HCFP.

Assumption of Risk: I understand that the services I provide to HCFP may include activities that may be hazardous to me, including but not limited to the loading and unloading of food, heavy lifting and carrying, and transportation. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release HCFP from all liability.

Photographic Release: I grant and convey to HCFP all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by HCFP in connection with my providing volunteer services to HCFP.

Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this Release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to abide by HCFP's Confidentiality requirements and enter into this Release and Waiver of Liability willingly and voluntarily.

Signature **(or Parent/Guardian Signature if volunteer is under the age of 18)**