



## YOUTH VOLUNTEER CONSENT & RELEASE FORM

Dear Parent or Guardian:

The Arkansas Foodbank wants to ensure the safety and protection of your minor. Therefore, we require that all volunteers complete the following *Volunteer Consent & Release* form for each child under the age of 18 prior to being allowed to volunteer who wishes to volunteer at the Arkansas Foodbank. A child under the age of 16 must be accompanied by an adult, 18 years old or older, to volunteer unless volunteering in a group with adequate supervision. Volunteers who are 16 years old or older may volunteer independently. All volunteers will be required to follow the *Arkansas Foodbank Volunteer Policies & Guidelines*, as well as the directions from Arkansas Foodbank staff members. Please review the *Arkansas Foodbank Volunteer Policies & Guidelines* with your child prior to arrival at the Arkansas Foodbank. Please call 501.565.8121 if you have any questions.

**Please note: Volunteers who arrive without a *Youth Volunteer Consent and Release* form or without one on file and who are not at least 18 years old will not be allowed to volunteer that day.**

I grant permission for \_\_\_\_\_ (print child's name), who is currently \_\_\_\_\_ (age) years old to participate in volunteer activities with the Arkansas Foodbank to be held during **20**\_\_\_\_ (year). This *Volunteer Consent & Release Form* is for all my volunteer activities with the Arkansas Foodbank on or off the Arkansas Foodbank property during that year. I know the risks of injury to my person and property that may be sustained in connection with the stated and associated activities in and about the premises. I understand that the Arkansas Foodbank cannot be held liable or responsible for any injury that may result from his/her participation.

In consideration of the permission granted to me to enter the premises and participate in the stated activities, I, for myself, my heirs, administrators, and assigns, forever release and discharge Arkansas Foodbank and the owners, operators, and sponsors of the activities and all equipment used in such activities as well as their respective agents, officers, and officials, and all other participants in the stated activities of and from all claims, demands, actions, and causes of action of any sort, for injury sustained to my person and/or property, during my presence on the premises and my participation in the stated activities due to negligence or any other fault.

### **Photo Release**

The Arkansas Foodbank also has my permission to use any photographs, videotapes, or images containing my name or likeness taken during volunteer activities in all publicity.

### **Safety Measures**

All volunteers participating in volunteer activities at the Arkansas Foodbank must work with their direct supervisor to review all safety guidelines and restrictions. Any volunteer not willing to follow safety guidelines and restrictions will not be allowed to participate in volunteer activities at the Arkansas Foodbank. By signing this form, you agree to abide by and participate in all required safety measures set forth by the Arkansas Foodbank. These measures are subject to change at the discretion of the Arkansas Foodbank.

### **COVID-19 Safety Measures**

Volunteers within the Arkansas Foodbank Building are not required to wear masks but are strongly encouraged to do so if they are immunocompromised. Volunteers performing duties outside of the building (such as mobile distributions) are no longer required to wear mask but are encouraged to do so for their protection due to the number of people served. Physical distancing will still be encouraged when possible.

- If a volunteer has been advised by a health care provider to self-quarantine, experiencing symptoms associated with COVID-19, seeking a medical diagnosis, or providing care for an individual subject to a quarantine or isolation order, they should cancel their volunteer opportunity via the cancellation link provided in the registration email.
- All volunteers must continue to follow hand washing techniques, washing, and sanitizing hands for 20 seconds before and after shifts or when entering or leaving the production floor.
- All volunteers are required to clean their work area (desk, computer, work phone, workstation). Hand sanitizer and wipes will be provided.

### **COVID-19 Representations and Assumption of Risk**

By signing this form, I represent that if my exposure or health condition changes with respect to COVID-19, I agree that I will notify Arkansas Foodbank immediately and will not report to the premises. I hereby agree to abide by all COVID-19 safety measures listed in this document and other safety measures that Arkansas Foodbank may implement.

I have read and understood the above guidelines regarding COVID-19. By signing this form, I hereby choose to accept the risk of exposure to COVID-19 inherent in volunteering at the Arkansas Foodbank. By signing this agreement, I consent that I am willing to participate in volunteer opportunities with the Arkansas Foodbank and understand that the Arkansas Foodbank cannot be held liable or responsible for any personal injury, illness, death, or other loss related to COVID-19 that may result from my participation.

**I represent and certify that my true age is 18 years or over, and if I am under the age of 18 years, I represent and certify that I have the permission of my parent and/or guardian to participate in the stated activities, and that they have full knowledge of the stated activities.**

**I have read and understand this consent and release and have reviewed the *Arkansas Foodbank Volunteer Policies and Guidelines* with my child. My child has agreed to comply with these guidelines while serving at the Arkansas Foodbank.**

**Please print the following required information:**

Child's Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

Emergency Contact Phone Number: \_\_\_\_\_  
(required)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please return completed and signed Consent & Release Form to the Arkansas Foodbank  
This permission form will be kept on file at the Arkansas Foodbank and is valid through the end of this calendar year.**