



Date: _____

Iowa City Free Lunch Volunteer Release and Confidentiality Agreement

At Free Lunch Program, we are so grateful for the volunteers who spearhead our mission of "an open door, a full plate, no questions asked." We want your experience volunteering at FLP to be as positive as possible, so part of this form is meant to serve as a brief orientation. Please let us know if you have questions or suggestions -- we are always eager to hear from volunteers!

Volunteer General Information

Name (First and Last): _____ Pronouns: _____

Phone Number: _____ Email: _____

Emergency Contact Information

Name of Contact: _____ Relationship to You: _____

Phone Number 1: _____ Phone Number 2: _____

New Volunteer Confidentiality Agreement, Orientation, and Waiver

By initialing each box, I AGREE TO THE FOLLOWING:

- ☐ Free Lunch Program strives to uphold the dignity and privacy of each person who comes to our door. **I will refrain from taking photos with or of guests.**
- ☐ I will in no way reveal the identity, circumstances, or details of Iowa City Free Lunch Program (FLP) interactions with individuals who seek assistance from FLP unless such disclosure is expressly permitted.
- ☐ I will respect the anonymity of FLP volunteers by not identifying them to clients or other individuals without their express permission
- ☐ Working in a commercial kitchen involves inherent risks including sharp knives, open flames, hot surfaces, and heavy lifting. **I agree to report any injury to staff on site.** A First Aid kit is located on the shelf above the counter by the volunteer entrance. **I will refrain from participating in tasks where I feel uncomfortable or unsafe.**
- ☐ The guests we serve at Free Lunch Program, in many cases, experience a variety of challenges. This can sometimes result in miscommunication or tense interactions among guests or between guests and volunteers. Handling disagreements does not fall under

volunteers' responsibilities; **I agree to call on the onsite staff to deal with these situations.**

- ☐ Volunteers are expected to follow food safety protocols. **I agree to wear gloves when handling food. I agree to wash my hands** after signing in, after touching my phone/face/hair, after using the restroom, and after handling trash.
- ☐ **I will not come to FLP if I feel sick** or if I am suffering from difficulty breathing, fever, cough, sore throat, new loss of smell or taste, nausea, vomiting, or diarrhea. Masks are not required, though they are strongly recommended during times of high community transmission of COVID.
- ☐ I acknowledge that participating in volunteering involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in volunteering, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Free Lunch Program (FLP).
- ☐ I waive all claims against FLP for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in volunteering, regardless of whether or not caused in whole or part by the negligence or other fault of FLP. I release and forever discharge FLP from all such claims.
- ☐ I agree to indemnify and hold FLP harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by FLP as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against FLP to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in volunteering, regardless of whether or not caused in whole or part by the negligence or other fault of FLP.

My signature confirms that I have read and agree to the above volunteer confidentiality statement, orientation, and waiver.

x _____

Volunteer Photo Release (Optional)

- ☐ I give my permission to FLP to print, publish, reproduce, display, broadcast, show, distribute, copyright, and/or otherwise use, for FLP purposes, the photographic, digital, and /or video image(s), and/or my testimonials or text resulting from an interview of myself taken or acquired in FLP during my volunteer shift and/or role.

