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| Volunteer Agreement**Double Up Food Bucks 2018** | FFN_Logo_Multicolor.jpg |

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name), agree to work for Fair Food Network as a volunteer on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name project or activity) on/from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(timeframe of project). As a volunteer, I will be assigned one of a number of opportunities to spread the word about Double Up Food Bucks. These roles include but are not limited to the following: speaking to shoppers at grocery stores and farmers markets, representing Double Up Food Bucks at events and through presentations, assisting with volunteer scheduling and coordination, distributing recipe samples with Michigan produce, and supporting administrative office needs.
2. As a volunteer, I understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits traditionally associated with employment, including but, not limited to, unemployment insurance benefits upon the termination of this Agreement or as a result of my service.
3. I am aware that participation as a volunteer may require periods of physical activity such as standing, walking, bending, and lifting and carrying program materials, and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. I release and forever discharge and hold harmless Fair Food Network and its successors and assigns from any and all liabilities, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may arise in the future from the services I provide to Fair Food Network. I understand and acknowledge that this Agreement discharges Fair Food Network from any liability claim that I may have against Fair Food Network with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Fair Food Network or occurring while I am providing such volunteer services. Furthermore, I agree that I will not make a claim or demand against or bring suit against Fair Food Network or its employees, agents or contractors for injury or damage resulting from my volunteering, including the negligence, whether direct or indirect, or other acts, however caused, by any of its officers, employees, agents, or contractors of Fair Food Network as a result of my volunteering.
5. I understand that Fair Food Network does not have any responsibility or obligation to, nor will they provide me with, financial or other assistance, including but not limited to, mileage, meals, medical, health or disability benefits or insurance of any nature in the event of injury, illness, death or damage to my property. Specifically, I understand if I am injured in the course of volunteering with Fair Food Network, I am not covered by Fair Food Network’s workers’ compensation insurance. I authorize Fair Food Network to seek emergency medical treatment on my behalf in case of injury, accident, or illness arising from my involvement as a volunteer. I expressly waive any such claim for compensation or liability on the part of Fair Food Network beyond what may be offered freely by Fair Food Network in the event of such injury or medical expenses incurred by me.
6. I understand that the equipment, materials and tools provided by Fair Food Network are and remain the property of Fair Food Network, and I agree to return all property of Fair Food Network to Fair Food Network at the end of my volunteer service or upon the request of Fair Food Network, whichever event occurs first.
7. I understand that while volunteering for Fair Food Network, I may have access to and possession of Confidential Information. Confidential Information means non-public, personal, and proprietary information and materials concerning Fair Food Network and the personal and business affairs of Fair Food Network’s staff, vendors and affiliates (“Protected Parties”). As part of this Agreement, I agree not to disclose, use, or assist any person or entity in using, obtaining, communicating or publishing any portion or aspect of Confidential Information for any purpose other than as specifically authorized by the Fair Food Network in connection with the performance of services for the Fair Food Network, the Protected Parties or its designees.
8. I grant and convey to Fair Food Network all right, title, and interest in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Fair Food Network in connection with providing my volunteer services to Fair Food Network.
9. I will conduct myself with honesty and integrity in the performance of my duties, and in accordance with the principles embodied in Fair Food Network’s Volunteer Code of Conduct (See Appendix A).
10. I understand that Fair Food Network believes in the principle of equality and does not discriminate on the basis of race, color, religion, genetic information, national origin, sex, age, marital status, sexual orientation, disability, military/veteran status, height, or weight.
11. As a volunteer I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in any event that any clause or provision of this Agreement is deemed invalid, that enforceability of the remaining provisions of this Agreement shall not be affected.
12. This Agreement may be terminated at any time by myself or Fair Food Network.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

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| Volunteer: Print Name |  |  |
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| Volunteer: Signature |  | Date |

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| Street Address, City, State, ZIP |  | Phone |

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