



Volunteer Agreement

Vetri Community Partnership (VCP) values and relies upon the help of volunteers to run and expand our programming. As a community-based, youth-serving organization, it is critical for VCP volunteers to be committed to our goal of creating a safe space for students while helping them feel empowered.

I, _____, agree to participate as a volunteer by:
Volunteer Name

- Attending a Vetri Community Partnership volunteer orientation or training session.
- Obtaining and updating required PA or NJ background checks and clearances.
- Maintaining a safe and empowering space for all students to cook, explore foods, and learn.
- Modeling the behavior expected from students, including kindness, respect for others, and the use of appropriate language.
- Remaining aware and refraining from judgment of weight, eating habits, learned behaviors or personal food access.
- Abiding by the methods of kitchen and food safety taught by VCP chefs, instructors or site managers.
- Keeping an open mind about trying new foods or skills and encouraging students to do the same.
- Focusing on VCP's promotion of whole and nutritious foods, despite any personal preferences.

In consideration of the above, Vetri Community Partnership agrees to provide volunteers with:

- A volunteer experience engaging with youth and families in your community.
- Access to professional VCP staff support at all stages of the volunteer experience.
- A safe space to share our mission to empower students to lead healthy lives.

ACKNOWLEDGEMENT

I have read the Volunteer Agreement and agree to comply with the above guidelines.

Volunteer Signature

Date

VCP Program Representative

Date



HOLD HARMLESS AGREEMENT, WAIVER AND RELEASE

For due consideration which is hereby acknowledged, I hereby waive, release and forever discharge the Released Parties (as defined below) from and against any and all claims, actions and/or damages (“Claims”) (including, without limitation, Claims with respect to or arising out of personal injury, death, or property damage) which I, or in the case of children’s classes, my child, may or could assert with respect to or arising out of my participation, or the participation of my child, in any volunteer opportunities of the Vetri Foundation for Children d/b/a Vetri Community Partnership (“VCP,” and such volunteer opportunities, the “Programs”). This release is intended to discharge, in advance, (i) VCP, (ii) the school which has provided the physical space for the Programs in which I participate (or my child participates) to be conducted (the “School”), (iii) the school district which operates the School, if applicable, and (iv) all officers, directors and members of the staffs of the foregoing parties, whether contracted, employed or volunteer (collectively, the “Released Parties”), from and against any and all liability arising out of or connected in any way with my or my child’s participation in any activity related to the Programs.

I understand that the activities related to the Programs may be of a hazardous nature and/or include physical and/or strenuous activity, that serious accidents occasionally occur during such activities, and that participants in such activities can occasionally sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless, I have, or my child has, voluntarily applied to participate in said activities, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the Released Parties who might otherwise be liable to me or, in the case of children’s classes, my child. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the Released Parties free and harmless from any loss, liability damage, cost, or expense which they may incur as a result of any injury that I, or, in the case of children’s classes, my child, may sustain while participating in said activities.

BY SIGNING THIS WAIVER, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS HOLD HARMLESS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT EXECUTED BY ME IN FAVOR OF THE RELEASED PARTIES.

PHOTO/VIDEO RELEASE

By signing below, I fully understand that I and/or my minor child may be photographed or video-taped while attending a class or demonstration run by VCP. I hereby consent and surrender all property rights to said photos or videos and understand that VCP may choose to use these photos or videos for media or promotional use now or in the future. I understand that if the photos or videos are used, it will be done so in a tasteful and respectful manner.

Printed Name: _____

Signature: _____

Date: _____

Emergency Contact Name: _____ **Phone Number:** _____

Printed Name(s) of Minor Children: _____

Please List Any Food Allergies: _____