



Art Feeds Joplin Volunteer Forms

EQUAL VOLUNTEER OPPORTUNITY

Art Feeds offers equal volunteer opportunity and prohibits discrimination against job applicants and volunteers. Applicants and volunteers receive equal opportunity regardless of race, color, religion, sex, national origin, and status as an individual with a disability or protected veteran.

RELEASE AND WAIVER OF LIABILITY

NOTE: If an Art Feeds volunteer is younger than 18 years of age, this Release and Waiver of Liability must be signed by a parent or legal guardian of Art Feeds volunteer, and, in such case, all references below to Art Feeds volunteer, "I", or any term of similar meaning include his or her parent(s) or guardian. This document is a legally binding release, which, in certain situations, will reduce or

eliminate the Art Feeds volunteer's legal rights and legal recourse. Please read it carefully before signing.

Assumption of Risk and Indemnity Agreement

In consideration for my participation with Art Feeds as a volunteer, I hereby acknowledged, I, _____ ("Art Feeds Volunteer"), hereby agree as follows: I acknowledge, agree and represent that (a) I understand the nature of the activities involved in being an Art Feeds volunteer, (b) I understand the health risks involved in working and traveling in the United States as well as disaster or trauma affected communities (c) I have the requisite fitness and experience to participate in any activities concerning my work for Art Feeds and have no medical condition or disability, or need for prescription medication, which would require special attention or limit my performance during the work, (d) I have not been advised by a qualified medical person that I am not fit to participate in such work activities and, (e) I understand that there will be heavy lifting involved in the nature of my work at Art Feeds ,(f) all information that I have supplied to Art Feeds concerning my medical condition and physical and mental health is accurate and complete.

If I become ill or injured during the time working with Art Feeds, I agree that Art Feeds shall have the right, but not the duty, as agent for me, to take reasonable action to secure emergency medical or dental attention for me and any transportation related thereto. In such event, I agree to pay for any expense incurred for such medical attention, transportation or other related emergency services, and to reimburse Art Feeds for any sums advanced or paid therefore.

I further acknowledge and fully understand that some activities involved in working for Art Feeds can be a test of a person's physical and mental limits and involves risks of serious bodily and emotional injury, including without limitation permanent disability, paralysis and death, as well as property and economic loss (the "Risks"). These Risks and dangers may be caused by my own actions, or inactions, the action or inaction of others participating in, supervising, conducting or sponsoring work activities, or the conditions in which the activities take place. These risks may not be known to me and may not be readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation in any work activity involving Art

Feeds. I HEREBY EXPRESSLY AND UNCONDITIONALLY ASSUME THE RISKS RELATED TO AND ARISING OUT OF MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITY.

I acknowledge that this Agreement shall be used by and relied upon by Art Feeds, and all owners and lessors of the premises upon which work activities take place (each considered and deemed to be one of the "Releasees" hereunder). In addition, I and my heirs, executors and administrators hereby release, discharge, and covenant not to sue any of the releases from all liabilities, claims, demands, losses, personal injuries, property damages, or other damages caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including without limitation negligent maintenance, repair or supervision; and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I, or anyone acting or purporting to act on my behalf, makes a claim against any of the Releasees, I will personally INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expense, attorneys' fees, losses, liabilities, damages or costs which any of them may incur as a result of such claim.

I have read the above, been given the opportunity to ask questions, considered its effects, understand its content and agree to the terms as stated above.

Printed Name of Art Feeds Volunteer

Date

Signature of Art Feeds Volunteer

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS: I, _____, parent or legal guardian of Art Feeds employee or volunteer, have read the above, been given the opportunity to ask questions, considered its effects, understand its content, and agree, on behalf of myself and my child/ward. I will further indemnify Art Feeds up to the limit of law against any damages incurred as a result of any action by my child/ward, including attorney's fees and costs.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Emergency Contact Information

#1

Name of Emergency Contact

Phone Number

Address

Email

#2

Name of Emergency Contact

Phone Number

Address

Email

Please List any medical needs or concerns that Art Feeds should be aware of in case of emergency (food allergies, allergies to medications, chronic disorders, etc.)

IMAGE AND VOICE RELEASE FORM

I, _____ (“Art Feeds volunteer”), hereby grant Art Feeds an irrevocable license to use my image or voice as necessary in Art Feeds’ sole discretion. These images and voice clips may be used on www.artfeeds.org, associated social media outlets, grant applications, etc.

I acknowledge that Art Feeds is under no obligation to use my image and voice.

By signing this form, I agree that Art Feeds may credit my image or voice with my name, as provided, when it uses my image or voice. I further agree to release, discharge and agree to hold harmless, Art Feeds and its legal representatives, affiliate, and successors from any liability based on the use of my image or voice.

I agree that there are to be no fees, commissions or royalties paid to me for any use of my image or voice. Art Feeds is not responsible for lost or damaged photos.

I have read the above, been given the opportunity to ask questions, considered its effects, understand its content and agree to the terms as stated above.

Printed Name of Art Feeds Volunteer

Date

Signature of Art Feeds Volunteer

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

NOTICE/AUTHORIZATION AND RELEASE FOR PROCUREMENT OF A CONSUMER REPORT AND/OR A DEPARTMENT OF JUSTICE REPORT

Art Feeds will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

*Volunteers under the age of 18 may skip this section.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com, where you can find information about BGC's international privacy practices.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that BGC provides and BGC's files about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Printed Name of Art Feeds Volunteer

Date

Signature of Art Feeds Volunteer

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide Art Feeds one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment or volunteer involvement. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or volunteer with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" can be provided to you by Art Feeds at 417 E 7th Street Joplin, Mo 64801 or upon request via email or mail. By signing below, you acknowledge receipt of these documents and agree to pay a \$13 processing fee.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First Middle (none) Last

Other names used:

Current and former addresses:

from Mo/Yr current to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

***** FOR PROGRAM VOLUNTEERS ONLY*****

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF SEXUAL ABUSE POLICY

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that Art Feeds will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Volunteer Printed Name

Volunteer Signature

CODE OF CONDUCT

I am a representative of Art Feeds non-profit organization. I recognize and uphold that my actions reflect on the integrity of this organization. I understand that any funds or supplies that I raise for Art Feeds will be sent to Art Feeds in a timely fashion and that if any funds or supplies are withheld I am personally liable for the monetary value of such items. I understand that any and all interaction that I have with the children in Art Feeds programs will be conducted in the manner of an appropriate educator-student relationship. I will not behave in any such way that could be misconstrued as inappropriate when working with Art Feeds children, volunteers, employees, or supplies. I will be respectful of my shared space in the Art Feeds office, Mobile Art Center, or other shared space and understand that I am liable for any damages that take place on my guests or my account. I agree that I will not damage the Art Feeds office, Mobile Art Center, any third part space Art Feeds conducts mobile programming in (i.e. school, business, organization), or other shared space. Damages will be documented and a third party will be hired to return the Art Feeds office, Mobile Art Center, or other shared space to its original state. The volunteer responsible for these damages will be liable for the third party fee that will be incurred. Abiding by this code of conduct means I'm going to let my unique qualities shine creatively and not through obscene gestures, unkind words, or any actions reflecting hate.

I have read the above, been given the opportunity to ask questions, considered its effects, understand its content and agree to the terms as stated above.

Printed Name of Volunteer

Date

Signature of Volunteer

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

DRUG TESTING POLICY

I, _____ agree to voluntarily be drug tested by Art Feeds on a scheduled or unscheduled basis during my volunteer time with the organization. The participating processing lab that will be used in this process will be chosen at the discretion of Art Feeds. I understand that working with children, as a positive role model requires me to be open and honest about many areas of my life. If I am found under the influence of any illegal or misused substance I understand that I will be let go from my position at Art Feeds and not be eligible for a paid or unpaid position with the organization from that point forward. This process is used to up hold the reputability of Art Feeds and to live as a positive example for the children of Art Feeds programs.

I have read the above, been given the opportunity to ask questions, considered its effects, understand its content and agree to the terms as stated above.

Printed Name of Art Feeds Volunteer

Date

Signature of Art Feeds Volunteer

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

ART FEEDS NON-PROFIT ORGANIZATION

POLICY: CONFIDENTIALITY OF ART FEEDS DATA AND INFORMATION SYSTEMS

This policy is applicable to Art Feeds volunteers or outside consultants who have view or update access to information pertaining to Art Feeds children, programs, and general information.

Definition of Art Feeds Data and Information Systems:

Any information contained within or which exists as a result of Art Feeds business, regardless of the form of that data; either electronic or hard copy.

Policy Description:

Many systems and offices within Art Feeds maintain high confidentiality and sensitive data about the children, employees, interns, volunteers, curriculum, Claude, or business ventures involved in Art Feeds programs. In order to properly safeguard these records, Art Feeds restricts access to information to those who have a legitimate business need to access these records.

In order to assure professional and confidential management of this information, it is required that all who have access acknowledge that:

- Art Feeds information will be accessed for legitimate business reasons only and on an as-needed basis.
- Art Feeds information will not be disclosed to individuals, groups, organizations, and/or offices beyond the boundaries of the “need to know” in order to accomplish legitimate Art Feeds business.
- A deliberate breach of the above stated record-confidentiality will be considered a serious infraction of Art Feeds rules, and the breaching employee, volunteer, or consultant will be subject to disciplinary action, up to and including termination.
- Having been given access to Art Feeds information each employee, volunteer, or consultant must sign and date the following confidentiality statement:

I understand that my access to Art Feeds information is approved solely in conjunction with my assigned duties as an employee, volunteer, and/or consultant of Art Feeds and not for any other reason, particularly not for personal benefit or for the benefit of others. I agree that I will take the appropriate measures to preserve the confidentiality of this information and not divulge the contents of this information (including any record or report) to any person except in the performance of my work assignment and in the accordance of Art Feeds and departmental policies and procedures. I agree not to share my personal ID(s) or password(s) with any other person and that I am responsible for any activity carried out under my name. I understand that if I do not follow this policy I will be subject to disciplinary action up to and including termination.

I have read the above, been given the opportunity to ask questions, considered its effects, understand its content and agree to the terms as stated above.

Printed Name of Art Feeds Volunteer

Date

Signature of Art Feeds Volunteer

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian