Volunteer Agreement, Assumption of Risk, & Waiver of Liability

The following information is effective June 15, 2022.

All locations of the Blue Ridge Area Food Bank are currently mask optional. That means the decision to wear a mask or face covering while in our facilities is determined by each volunteer, staff, and visitor.

We fully support and encourage individuals who wish to continue wearing masks or face coverings at Food Bank facilities if desired. Be assured that we continue to take the spread of COVID-19 very seriously, and if hospitalizations surge, if a new health emergency is declared, or if we experience serious disruptions in operations due to COVID, we will revisit the question of masking and other safety measures. In addition, volunteers and staff should adhere to social distancing practices whenever possible. This includes trying to maintain physical distance between you and another person, whenever possible.

Volunteer Agreement

In addition to acknowledging the protocols listed above, I attest:

- I will not work a volunteer shift when experiencing any symptoms of illness such as a fever, cough, shortness of breath, chills, muscle aches, and a loss of taste or smell that cannot be attributed to another health condition or specific activity. If I develop these symptoms, I agree I will cancel my shift before arriving at the Food Bank, as far in advance as possible.
- I will not work a volunteer shift within 10 days after exposure to a person with a confirmed or suspected case of COVID-19.
- I will not work a volunteer shift if I am diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following recommended public guidelines as much as possible to limit my exposure to COVID-19.

Assumption of Risk and Waiver of Liability

I acknowledge that I have voluntarily applied to the Blue Ridge Area Food Bank’s volunteer program. I understand the scope of my volunteer relationship with the Blue Ridge Area Food Bank is limited to a volunteer position and that no compensation is expected in return for services provided by me; the Blue Ridge Area Food Bank will not provide any benefits traditionally associated with employment; and I am responsible for

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my own insurance coverage in the event of illness or personal injury as a result of my services to the Blue Ridge Area Food Bank.

I understand my volunteer activities with Blue Ridge Area Food Bank may include activities that could be hazardous to me, including but not limited to packing, loading, unloading, and carrying heavy items, transportation to and from work sites, and exposure to people with infectious diseases. I fully understand and appreciate the risks inherent to my volunteer activities. I hereby assume the risk of bodily injury, illness, death, medical treatment, and property damage resulting from my volunteer activities, even if resulting from the negligence of Blue Ridge Area Food Bank or its officers, directors, employees, or agents.

I hereby release, discharge, and agree to indemnify and hold the Blue Ridge Area Food Bank harmless from, and waive on behalf of myself, my heirs and personal representatives, and any minors I am responsible for who volunteer with me, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Blue Ridge Area Food Bank, or that may otherwise arise in any way in connection with any voluntary activities with, or for the Blue Ridge Area Food Bank. I understand that this release discharges the Blue Ride Area Food Bank from any liability or claim that I or my heirs, personal representatives, or minors I am responsible for may have against Blue Ridge Area Food Bank with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection with my volunteer activities. This liability waiver and release extends to the Blue Ridge Area Food Bank together with all of its officers, directors, affiliates, employees, and agents.

I agree this release will be governed by Virginia law and the exclusive venue for any dispute arising from this release will be a court of competent jurisdiction sitting in Charlottesville, Virginia.

Volunteer Signature: