

# KELLY

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*Fighting Hunger in El Paso*

915 N Florence St, El Paso, TX 79902

## **Volunteer Agreement and Release from Liability**

Volunteer's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Volunteer's Address \_\_\_\_\_  
Street Address City State Zip Code

Email: \_\_\_\_\_

- I recognize that, as a volunteer at Kelly, I represent the organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.  
**Initial Here** \_\_\_\_\_
- I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information.  
**Initial Here** \_\_\_\_\_
- I will not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization, including volunteers, clients, and visitors.  
**Initial Here** \_\_\_\_\_
- I am aware that as a volunteer, I expose myself to potential hazards which include but are not limited to cuts, falls, injury from lifting, etc. I am voluntarily participating in this service with the knowledge of potential hazards involved and hereby agree to accept any and all risks of injury.  
**Initial Here** \_\_\_\_\_
- I agree that my assignees, heirs, distributees, guardians, and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by the volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Kelly Memorial Food Pantry, its Board of Directors, agents and employees from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.  
**Initial Here** \_\_\_\_\_
- I have read the Volunteer Guidelines and understand what is expected of me as a volunteer. I understand that if I do not abide by the guidelines, I may be asked by the Kelly Memorial Food Pantry Executive Director or Operations Manager not to return as a volunteer.  
**Initial Here** \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name-Please Print \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

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We thank you for your willingness to be a volunteer at Kelly and look forward to your continued service. We are proud of our incredible volunteers and are grateful for you.

**Volunteer Dress Code:** Volunteers should not wear see-through fabrics, halter-tops, tube-tops, off-the-shoulder, spaghetti straps, low-cut tops, midriffs (if hands are raised, no skin should be showing), flip-flop shoes, short will be no shorter than an inch above the knee. At no time should a staff member wear any garment with words or pictures that may be offensive, demeaning or discriminating to others.

**Volunteer Ethics:** Volunteers in need of food assistance can sign out a box of food once a week. The box checked out will be the same box the rest of the public receives and not a box created by the volunteer. It is not appropriate to take food items daily. If there are special circumstances that should be considered, please speak to the pantry manager, Sara Molina. If further assistance is needed, you may qualify for the FreshStart program.

Please sign below to acknowledge this agreement.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_