

VOLUNTEER WAIVER

(please print clearly)

Volunteer Name	
Email Address	
Phone Number	Opt-in for shift updates via text
Mailing Address	
-	
City, State, Zip	Date of birth (Children aged 11-13 must volunteer with a parent or guardian.)
I'm eager to	hear about the latest developments at Feeding South Dakota—please keep me posted!
edited and s	ssion for Feeding South Dakota to take and use photos or videos of me. I understand this media may be shared for educational, promotional, or fundraising purposes, including on the organization's website, social official publications.
third-party bodily in illness, or accident claims or liabilities	as a volunteer with Feeding South Dakota, I am covered under its General and Excess Liability policies for njury and property damage due to negligence. However, I volunteer at my own risk for any personal injury, t. I release and hold harmless Feeding South Dakota, including its board, staff, and volunteers, from any arising from my participation, including those due to negligence. I acknowledge my involvement is all associated risks, and agree to follow all applicable laws while volunteering.
not share any sucl	nfidentiality all information related to Feeding South Dakota, its clients, staff, and volunteers is strictly confidential. I will h information, including financial, operational, or personal details, without prior written consent. Breaching sult in disciplinary action or dismissal. I agree to maintain this confidentiality during and after my volunteer
Good Manufacturing Practices Agreement I understand and agree to follow all safety procedures while at Feeding South Dakota. When visiting Feeding South Dakota facilities, I will sign in and out using the designated log. I understand I'm responsible for my personal belongings, such as handbags, backpacks, and cell phones. If requested by staff, I will remove jewelry for certain tasks. I will wash my hands before starting work, after breaks, using the restroom, smoking, or any activity that could soil or contaminate my hands. I'll keep my work area clean and organized, and I will wear appropriate attire at all times: a shirt, pants or shorts, and closed-toe/closed-heel shoes. I agree not to eat, drink, chew gum or tobacco, or smoke in the distribution center. Nothing should be held in the mouth (e.g., toothpicks or matchsticks). Only sealed water bottles are allowed in designated break areas. I will keep any cuts or injuries properly bandaged, especially when handling food or equipment. I understand that glass, hard plastics, and ceramics are prohibited in all work areas. Prescription and safety glasses are allowed. I acknowledge that only authorized, trained FSD staff may operate forklifts or electric pallet jacks. I will stay clear of these machines during loading/unloading for my safety and will follow all posted safety signs and directions. I agree to wear a safety vest when instructed and will never block emergency exits or fire extinguishers. I will not tamper with food products. If working in the clean room, I will read, sign, and follow the posted safety guidelines. In case of fire or evacuation, I will stop work and exit through the nearest fire exit, assembling in the southeast corner of the parking lot for roll call. During a tornado or drill, I will go to the designated shelter: • Sioux Falls: First-floor restrooms • Pierre: Breakroom • Rapid City: Restrooms	
	and willingly sign this agreement. I have read and understand that by signing, I am waiving certain legal es. I acknowledge that this agreement is valid for one year.
Volunteer Signat	cure (Parent/Legal Guardian if under 18) Date