



Volunteer Application and Agreement
RiverWorks Community Development
8230 Cedar Street – Rockford, MN 55373
763-477-6098



Please complete this application for all RiverWorks volunteer opportunities.

Please indicate below your area of interest in volunteering.

Date: _____

Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact _____ Phone _____

E-mail: _____

I am over 18 years of age: Yes No

Circle the days you are available:

Mon Tue Wed Thr Fri Sat
 Mornings Afternoon Evening

I am interested in volunteering for:

The Food Shelf The RiverWorks Store Other RiverWorks Projects
 Office/Technical Board Committee Events

Do you have any physical limitations that you wish us to know? Yes No

Thank you for agreeing to volunteer for RiverWorks Community Development. In an effort to make sure all volunteers are in agreement and that all parties have an understanding of trust, RiverWorks is asking you to agree to the following statements.

I am volunteering solely for personal purposes or benefit without promise or expectation of compensation, benefits or future employment from RiverWorks.

I agree to familiarize myself with, and abide by, RiverWorks rules and policies regarding conduct, confidentiality, safety and welfare. I understand that I may be subject to the same pre-employment screening and background checks as paid employees performing similar tasks. A binder of policies is available onsite at the RiverWorks Store with the General Manager and at the RiverWorks Office with the Executive Director.

I hereby state and affirm that:

1. In consideration of being allowed to take part in this Activity, I agree to release and hold harmless RiverWorks, its freeholders, officers, employees and agents, from all liability from any harm or injury that I may incur as a result of participating in the Activity.
2. I authorize RiverWorks staff to assist me by obtaining appropriate emergency medical treatment for me in the event of an accident, injury or illness.
3. I hereby release and forever hold harmless RiverWorks, its freeholders, officers, employees or agents from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment or service rendered in connection with participation in the Activity.
4. I understand that any volunteer activity includes inherent risks, hazards and dangers that can cause or lead to injury. Some, but not all of these risks include: falls, slips, cuts and bruises. I understand that RiverWorks cannot eliminate any of these risks.
5. I understand that RiverWorks does not carry medical insurance for volunteers, and I attest to having appropriate medical insurance to protect me in the event of an accident, injury or illness.
6. Unless I indicate otherwise in writing, photographs, videotapes, or audiotapes may be taken of me during the course of the Activity for use by RiverWorks for publicity purposes. My first name is the only personal information about me that could be released by RiverWorks in use of the above mentioned media.
7. The terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.
8. At times I may be privy to information that will need to be kept confidential regarding clients, donors, staff or thrift store products. I will treat all people with respect.
9. Finally I understand that RiverWorks or I may end my volunteer services at any time.

My signature below affirms that all information on this form is accurate to the best of my knowledge and I agree to abide by the condition outlined above.

Volunteer Signature

Date
