



## **Confidentiality and Volunteer Agreement**

1. I understand that each student has their own reasons for coming to a Student Nutrition Program, and that this information may be of a sensitive nature to students and their families. I will ensure that identifying information about students accessing Nutrition for Learning programs will remain confidential and anonymous.
2. I will respect the inherent dignity and worth of each student, staff and volunteer that I interact with.
3. I will, to the best of my ability, take reasonable precautions to ensure the safety and well-being of those youth entrusted to me, as well as my own personal safety.
4. I will subscribe to, and actively promote, the mission and philosophy of Nutrition for Learning and will be respectful of the agency's policies rules and regulations.
5. I will faithfully and punctually attend the program on the days I have agreed to unless I have previously notified the program coordinator. I will provide ample notice of vacations or planned absences which may interfere with my attendance. I understand that there are a specified number of volunteers required to safely deliver a program and my unauthorized absence may result in the program being closed for the day.
6. If I am ill or have an appointment, I will notify the program coordinator as soon as possible that I will not be attending or will be late for my volunteer placement.
7. I will actively participate in a professional manner that will serve as a positive example to program participants, school staff, parents, community members and other volunteers. I will not use cell phones or other electronic personal entertainment devices during my volunteer assignment. I will respect and adhere to conduct standards imposed by the school (wearing of hats, appropriate clothing, scents, language etc.).
8. If I am required by a third party to complete a specified number of volunteer hours per school year, I understand it is my sole responsibility to track my hours to ensure that I will successfully achieve this goal. I will review my volunteer hours regularly with the program coordinator and have them sign my time sheets during this review. I will NOT leave my time sheets to be signed at the end of the school year.

9. I understand that the program coordinator or volunteer manager may remove me as a volunteer if, in his/her determination, my actions threaten the safety or well-being of the children in the program, or I violate the terms of this agreement.

10. I hereby release Nutrition for Learning, its staff, Board members and Directors from any and all liability and/or responsibility for any accidents, injuries or illness that I may sustain while I am performing the duties of a volunteer. I understand that as a volunteer I am not covered under Workers Compensation.

11. I understand that program coordinators are authorized to collect personal information from volunteers for use by Nutrition for Learning and that all volunteer information collected will be stored at the Nutrition for Learning office. Program coordinators are not authorized to store the personal information collected from volunteers.

**I hereby grant permission to Nutrition for Learning staff and its representative permission to contact me by email as set out on my Volunteer Information Form.**

Volunteer Name (Please Print): \_\_\_\_\_

Student Nutrition Program location: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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

### **Photograph/Image Consent Form**

I, \_\_\_\_\_ hereby grant permission to Nutrition for Learning and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice. I further grant to Nutrition for Learning and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining Nutrition for Learning and its activities and for administrative, educational or research purposes. Photographs, video images and voice recordings are the property of Nutrition for Learning and will not be distributed to additional sources.

I have read and understood the above and give my consent to Nutrition for Learning.

Volunteer Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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