

2021 BPNN Volunteer Agreement and Responsibilities

As a BPNN volunteer, we ask your cooperation in creating a safe, inclusive, tolerant, accepting, and judgment-free experience for all who enter our facility. We require that you read and accept the following terms as a condition of volunteering at BPNN. If you are unclear about any of the requirements, please ask a member of the leadership team or your shift leader for more information.

Volunteers over 18 years of age will be asked to sign this agreement on an annual basis. You will be asked to sign your agreement on your first visit to BPNN.

Volunteers under 18 years of age must agree to these terms and must also have a parent or legal guardian sign on your behalf annually until you are 18 years of age. *Your parent/legal guardian may appear in-person to sign this agreement or you may print this form and bring a signed copy with you on your first visit.* **You will not be able to participate without signed parent/legal guardian consent.**

NONDISCRIMINATION

The Badger Prairie Needs Network is an Equal Opportunity Provider and does not discriminate against any individual, whether using our services or volunteering for our programs, on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, political beliefs, marital status, familial or parental status, or sexual orientation.

TEFAP CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

The Badger Prairie Needs Network distributes federal Temporary Emergency Food Assistance Program (TEFAP) commodities. TEFAP distribution at BPNN is governed by the Department of Health Services of Wisconsin (DHS) and every volunteer must agree to the following:

- I understand that I must maintain in strict confidence all the personally identifiable information that belongs to individuals and households receiving food assistance or other services at BPNN.
- I have a legal and ethical responsibility to protect the confidentiality and security of all persons and their protected information as I carry out my duties.
- I understand that personally identifiable information may include (but is not limited to) names of participants; information about their household compositions, dates of birth, addresses, and telephone numbers.
- I understand that confidential information may be oral, printed, or electronic and that I may not identify food pantry participants to others or discuss their usage of the food pantry with others.
- I understand that both state and federal law and the policies of DHS protect the confidentiality of TEFAP participants and members of their households.
- I will keep confidential individual and household information that I may obtain either directly or indirectly during my work at the Badger Prairie Needs Network.

WAIVER AND RELEASE OF LIABILITY

You are agreeing to the following while volunteering with the Badger Prairie Needs Network:

- I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of BPNN and BPNN will not provide me with insurance;
- I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in my volunteer activities;
- I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that BPNN is not responsible for conditions that I create myself or those created by other volunteers or participants; and
- I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify BPNN, its officers, officials, employees, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorney fees) of any kind of injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of BPNN or otherwise.

PUBLIC HEALTH REPORTING

BPNN is routinely inspected for safe food handling practices by the Madison/Dane County Public Health Dept. and the WI Dept of Agriculture. We handle food in all aspects of our work at BPNN. Prior to starting your shift, you must report any of the following symptoms to your shift leader:

- Fever with sore throat (must be on antibiotics for at least 24 hours)
- Persistent sneezing, cough, or runny nose. (unless symptoms are well controlled)
- Sores with pus on the hands, wrist or uncovered parts of the arm (affected area must be covered with bandage and/or glove)

(When these symptoms are present, you may volunteer but MAY NOT work with or serve exposed or unwrapped food or clean equipment, utensils, linens.)

Under no circumstances should you report for a shift if you have been diagnosed or suspect you have any of the following illnesses OR if you have experienced vomiting or diarrhea within the 48 hours immediately prior to your shift. Cancel your spot and return only when cleared by a health care provider.

- Hepatitis A
- Jaundice
- Shigella
- Typhoid Fever
- Salmonella non typhoid
- Norovirus (Symptoms of Norovirus include: Diarrhea, Nausea, Vomiting, Stomach Pain, Fever, Body aches and Headaches) **Volunteers with these symptoms must stay home for 48 hours after the last bout of diarrhea and vomiting**

BPNN is required to report the illness to the Madison/Dane County Public Health Department and you may be contacted to provide information to help trace the source of your illness. You may return to work with a physician's release.

TOLERANCE AND CIVILITY

BPNN exists to fight poverty and end hunger in our community. We collectively put our energy into achieving this mission even while we may individually hold vastly divergent views on other topics of the day. To this end, we request that you refrain from wearing buttons, pins, apparel, or accessories of any type that promote a specific public policy, faith-based topic, or political affiliation. We value civility and the exchange of ideas and you may absolutely have conversations about these topics, but we ask that you do so with respect and kindness.

PHOTO RELEASE

I understand that while I am volunteering with BPNN, there may be times when I might be photographed. I grant permission to BPNN to use my photographic image.

I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Badger Prairie Needs Network. I am of legal age (or I am the parent/legal guardian of a minor) and am freely signing this agreement. I have read this agreement and understand that by signing, I am agreeing to the terms and am giving up legal rights and remedies.

Volunteer Full Name (Print)

Signature

Date

Parent/Legal Guardian if Under 18

Signature

Date