

Volunteer Liability Form



	Contact Information	Emergency Contact
Name		
Address		
Phone Number		
Email		

Which location would you be interested in volunteering at?: Malton Wolfedale

IMAGE RELEASE

As a participant in Seva Food Bank (SFB), I understand that photographs and/or video may be taken in order to promote the organization to the general public. I grant SFB the following rights:

The SFB will have total ownership of these materials and the right to edit and use for the purposes of promotion, advertising, or public relations. Use of my name, likeness, or voice will not result in any liability to SFB.

Signature Printed Name Date (MM/DD/YYYY)

1. LIABILITY WAIVER

I hereby indemnify and hold harmless SFB, and any persons associated with it, against any claim of any sort that I might have arising from any accident or personal injury occurring as a result of my volunteer work at SFB on its behalf. Specifically, I understand that any injury I incur while acting on behalf of SFB is my sole responsibility and I agree not to sue SFB, its officers, directors, employees or volunteers as a result of any such accident or injury howsoever caused.

2. CONFIDENTIALITY AGREEMENT

All data, materials, knowledge and information generated through, originating from, or having to do with Sikhs Serving Canada, operating as SFB, including all activity in any location or persons associated with our activities, to be considered confidential and is not to be disclosed. This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not to be disclosed to any third party, under any circumstances. Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by SSC and any applicable laws.

**My signature signifies that I agree to these terms and will abide by, adhere to and honor all of the above two sections.
IF YOU ARE UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN THIS SECTION**

Signature Printed Name Date (MM/DD/YYYY)

FOR OFFICE USE ONLY		<input type="checkbox"/> CH _____	<input type="checkbox"/> SH
<input type="checkbox"/> CR	<input type="checkbox"/> LIABILITY LOG	<input type="checkbox"/> STATUS	
INTERVIEWED BY:		INTERVIEW DATE:	