



GROUP POLICY AGREEMENT FORM

Thank you for volunteering at the Bemidji Community Food Shelf. We want you to have a safe, fun, and productive experience. We ask that you follow these guidelines:

GENERAL GUIDELINES

- The volunteer group for the food shelf should be a minimum of 5 people and a maximum of 15 people. The Farm will accept a larger group.
 - Groups must schedule two weeks in advance by calling a volunteer coordinator:
Mary at 218-444-6580 x24 for Food Shelf volunteering
Rachel at 218-444-6580 x23 for Farm volunteering
- Every attempt will be made to accommodate your needs, however staffing is limited.
- Volunteer groups are required to have one adult over 21 in attendance for every three people under age 18.
 - The minimum age is 12 years without advance notice and consent.
 - Group leaders will complete Group Waiver and Agreement Form and have each group member fill out an Emergency Contact Form. Please bring completed forms when you come.
 - Group leaders will contact an above volunteer coordinator if they need to miss a shift.
 - Group leaders are responsible for the conduct of the group. If issues persist, the group may be asked to leave.
 - A reminder email will be sent to the group leader approximately 7-10 days in advance to allow time to confirm attendance and the number of volunteers.

SAFETY GUIDELINES

Food Safety

- No one with symptoms of colds, flu, boils, sores, infected wounds or other infections or communicable diseases are permitted to contact food.
- Volunteers handling food must wash hands at the beginning of a shift and again after eating, drinking, using the restroom or otherwise soiling hands.
- Volunteers repacking food must wear a hairnet and gloves.
- No personal food is permitted in the warehouse and drinks must be covered.
- No one is allowed to remove any donated or purchased food from the premises.
- Report spillage or breakage immediately
- Smoking is not permitted within 25 feet of the building.

Personal Safety:

- Wear closed-toe shoes
- Wear hats and sunscreen if outside
- Bring drinking water if outside
- Be aware of others and equipment in the vicinity

GROUP WAIVER AND AGREEMENT FORM

Group Name_____

Number of People in Group_____

I do hereby, for myself, my heirs, executors, and administrators waive and discharge the Bemidji Community Food Shelf (BCFS) and all of its officers, agents and employees from and against any and all claims, demands, actions or cause of action arising from any injuries or damages I may suffer or sustain by my participation in any activity for which I participate in for BCFS. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in such activity, I do hereby agree to assume all the risks and responsibilities surrounding my participation in this activity or any activities undertaken in addition thereto.

By signing below, I agree that I have read and understood the policies of BCFS.

Group leader signature_____Date_____

GROUP LEADER INFORMATION - Please Print

Group Leader_____

Address_____

City_____State_____Zip_____

Phone_____Email_____

Alternate Group Contact Information:

Name_____

Phone_____Email_____

Location:

BCFS is located one long block east of the Eagles Club. Our address is 1260 Exchange Ave. SE. Please enter through the west (employee) door.