



## VOLUNTEER WAIVERS, POLICIES, & AGREEMENTS

As a volunteer of Greater Spokane County Meals on Wheels (GSC MOW), you will have the privilege of helping some of the most vulnerable members of our society. As a crucial component to our mission, we want to make sure you understand and acknowledge your role. Please initial next to each statement, sign and return the document to GSC MOW. Thank you for sharing your time and talents with us to help make sure no senior goes hungry.

\_\_\_\_\_ I have **attended orientation** and have **received a copy of the GSC MOW Volunteer Handbook**. I have read and familiarized myself with the policies and standards set forth in the GSC MOW Volunteer Handbook, and I agree to comply.

\_\_\_\_\_ I have read and understand the **Mandatory Reporting Policy** guidelines and requirements set forth in the GSC Meals on Wheels Volunteer Handbook, and I agree to comply with the Mandatory Reporting Policy.

\_\_\_\_\_ I have **received a copy of the GSC MOW Confidentiality Agreement**. I have read and familiarized myself with the policies and rules set forth in the GSC MOW Confidentiality Agreement, and I agree to comply.

\_\_\_\_\_ I understand that GSC Meals on Wheels cannot be held responsible for accidents that occur while I am volunteering. This includes, but is not limited to, medical and automobile accidents.

### Photo Release

\_\_\_\_\_ I do hereby grant GSC Meals on Wheels the right to use my photo for the purpose of promoting the GSC Meals on Wheels mission.

Print Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

Parent/Guardian Signature if volunteer is under 18: \_\_\_\_\_

