



Meals on Wheels of San Francisco Volunteer Statement of Intent

As a volunteer with Meals on Wheels of San Francisco, I will:

- 1) Commit to engaging with Meals on Wheels of San Francisco clients for a minimum of:
 - Friendly Social Call – 6 Months*
 - Grocery Shopper – 6 Months*
 - Client Needs Delivery – 3 Months
 - Home Delivered Grocery Delivery – 6 Months
- 2) Follow the policies and procedures as defined in the Volunteer Handbook or other instructions as provided by Meals on Wheels of San Francisco.
- 3) Act as eyes and ears of the organization, looking out for and reporting back on any issues that may be affecting a client's well-being.
- 4) Communicate with Meals on Wheels of San Francisco
 - Regarding any client issue/concern
 - Any need to change or end my volunteer arrangement
 - Via the Salesforce web tool (at least once per month) to report my volunteer hours served by month
- 5) Provide the required attention and unhurried time to support the client in my chosen volunteer role(s).
 - Never accept a monetary tip, substantial gift, or financial payment from the client
 - Maintain strict confidentiality regarding all client information
 - Make a concerted effort to create a meaningful and lasting connection with the client
 - Agree to Meals on Wheels of San Francisco Liability and Photo/Video Release

** Provided that there is a mutually beneficial and successful volunteer-client match.*

Meals on Wheels of San Francisco Liability Release

By completing this form, I understand and agree to do the following:

- 1) I acknowledge that I have voluntarily applied to be a volunteer with Meals on Wheels of San Francisco.
- 2) I hereby assume all of the risks of participating in any/all activities associated with this volunteer opportunity:

If I am injured while acting as an unpaid member of the staff in any capacity whatsoever, I realize and am aware that my own health insurance coverage will provide for any necessary medical treatment of care.

I am aware that volunteering for Meals on Wheels of San Francisco can be a potentially hazardous activity and I acknowledge that these potential hazards have been explained and discussed with me and I hereby waive, release and discharge any and all claims of damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation as a volunteer for Meals on Wheels of San Francisco. This Release of Liability and Assumption of Risk is intended discharge in advance Meals on Wheels of San Francisco, its respective agents, directors and employees and any and all volunteers, their representative successor and assigns from and against any and all liability arising out of or connected in any way with my participation as a volunteer for Meals on Wheels of San Francisco, even though that liability may arise out of negligence or carelessness on the part of the persons or entries above mentioned.

I further understand that serious accidents occasionally occur and that Volunteers occasionally sustain serious injuries as a consequence thereof. Knowing the risks of participating as a volunteer for Meals on Wheels of San Francisco nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who (through negligence or carelessness or otherwise) might be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, Release of Liability and Assumption of Risk is to be binding on my heirs and assigns.

Meals on Wheels of San Francisco Photo/Video Release

Yes, I hereby irrevocably grant to you, your successors, assigns, agents and licensees, the right (but not the obligation), in perpetuity, throughout the world, to use (in any way you see fit, and without limitation) in and in connection with videos/photos by whatever means exhibited, advertised or exploited.

As a Meals on Wheels of San Francisco Volunteer, I agree to the Volunteer Statement of Intent, Liability Release, and Photo/Video Release.

Volunteer Name (Please Print):

Volunteer Signature:

Date: