



PatchWorks Volunteer Application

Name: _____

Phone: _____ Referred By: _____

Email: _____

Mailing Address: _____

Other Household Members:

1. _____ 2. _____

3. _____ 4. _____

Owner Number: _____

Date of Birth: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

PatchWorks Nonprofit Neighbors I'm interested in volunteering with:

- | | |
|---|--|
| <input type="checkbox"/> Bear Yuba Land Trust | <input type="checkbox"/> Bright Futures for Youth |
| <input type="checkbox"/> Color Me Human | <input type="checkbox"/> FREED Center for Independent Living |
| <input type="checkbox"/> Good Sun | <input type="checkbox"/> Grass Valley Downtown Association |
| <input type="checkbox"/> Hospitality House | <input type="checkbox"/> Interfaith Food Ministry |
| <input type="checkbox"/> Nevada City Farmer's Market | <input type="checkbox"/> Nevada County Habitat for Humanity |
| <input type="checkbox"/> Nevada County Media | <input type="checkbox"/> Sammie's Friends |
| <input type="checkbox"/> Sierra Harvest | <input type="checkbox"/> Sierra Streams Institute |
| <input type="checkbox"/> SYRCL – South Yuba River Citizens League | <input type="checkbox"/> The Food Bank of Nevada County |

I have read, understand, and agree to the attached PatchWorks Program Volunteer Memorandum of Understanding. I understand access to my discount depends on compliance with the requirements set out by both BriarPatch Food Co-op and its nonprofit neighbor organizations. I am signing on behalf of my entire household.

Printed Name: _____ Date: _____

Signature: _____

Please return a completed application to Courtney Tarrant at courtneyt@briarpatch.coop or at the Customer Service Desk



Volunteer Memorandum of Understanding

As a volunteer participant in the Patchworks Program, I have read, understand, and agree to the following:

- My volunteer work must be performed for an approved PatchWorks Nonprofit Neighbor, in order to receive any of the benefits described below.
- I will conduct myself in a professional, respectful and honorable manner that reflects positively on BriarPatch Food Co-op and the Nonprofit Neighbor.
- I will be prompt when expected to volunteer and provide adequate notice if/when I am unable to meet my volunteer commitments.
- I will complete all mandatory orientation and training required by BriarPatch Food Co-op and the Nonprofit Neighbor.
- I understand I will earn one single-use 15% discount 'coupon' for every six hours that I volunteer each month, up to a maximum of two coupons per month.
- I understand that the single-use 15% coupon is the maximum allowable discount for a single purchase. This volunteer coupon cannot be combined with any other discount in the same transaction, including Owner discounts, other volunteer coupons, or senior discounts.
- I understand that these single-use volunteer coupons cannot be "banked" in a way that results in me having more than two unused coupons at any one time.
- I understand that my monthly volunteer hours will be tracked and verified by the Nonprofit Neighbor and that it is my responsibility to coordinate with the Nonprofit Neighbor to ensure that my volunteer hours are tracked accurately.
- I understand that I must keep my BriarPatch Food Co-op ownership active and up-to-date to remain on the PatchWorks volunteer team.
- I have read and signed and will abide by the PatchWorks Volunteer Waiver.
- I give my consent to allow BriarPatch Food Co-op the authority to publish my name, photograph and volunteer story for PatchWorks promotional purposes such as The Vine newsletter, enews, press releases, articles and social media.
- I understand that nothing in this Memorandum of Understanding should be construed to create a partnership, joint venture, or employer-employee relationship between me and BriarPatch Food Co-op. I am not an agent of BriarPatch Food Co-op and am not authorized to make any representation, contract, or commitment on behalf of BriarPatch Food Co-op. As a volunteer, I will not be entitled to any of the benefits or compensation which BriarPatch Food Co-op may make available to its employees.
- I understand that failure to comply with these minimum requirements may result in my removal from the PatchWorks Volunteer Program.

BriarPatch Food Co-op does not discriminate on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation, or any intent to make such a limitation, specification, or discrimination unrelated to ability to perform the work required.

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Volunteer Release and Waiver of Liability

As a volunteer in the PatchWorks program, I agree to the following:

- 1. Waiver and Release.** I release the Co-op from any and all liability, claims and demands which may arise from my volunteer activities under the PatchWorks volunteer program. I understand this to mean that I release the Co-op from any liability or claim that I may have against the Co-op for any bodily injury, personal injury, illness, death, property damage, or any other liability that may result from my participation in the PatchWorks program, whether caused by the negligence of the Co-op or its officers, directors, employees, agents or otherwise. I also understand that the Co-op does not assume any responsibility for financial assistance or other assistance, including but not limited to medical, health, workers' compensation or disability insurance in the event of my injury or illness.
- 2. Medical Treatment.** I release the Co-op from any claim or liability whatsoever that may arise as a result of any first aid, treatment, or service I receive in connection with my participation in the PatchWorks volunteer program.
- 3. Assumption of the Risk.** I understand and acknowledge that my volunteer services under the PatchWorks program may include activities that may be hazardous or inherently dangerous to me, including but not limited to remote travel, contact with other volunteers, and contact with the public generally. I promise to follow all normal precautions and not engage in risky activities. I expressly and specifically assume the risk of injury or harm from any and all volunteer activities, and I release the Co-op from all liability for injury, illness, death, or property damage resulting from my volunteer services.
- 4. Insurance.** I understand that I will not be covered by any BriarPatch Food Co-op health, medical or disability insurance coverage. **I understand that I am expected and encouraged to obtain my own medical or health insurance coverage.**

I UNDERSTAND THAT THIS IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING BELOW, I AM SAYING THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I UNDERSTAND AND AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Printed Name:

Date: -----

Signature

CONSENT FOR A MINOR

I, the undersigned parent or legal guardian of the child shown above, have read the above Waiver, Release, and Indemnity Agreement and agree to its terms on behalf of my child and myself. I understand that by signing below, I am giving up substantial rights on behalf of my child and myself.

Parent or Legal Guardians Name:

Date: -----

Signature