



FILIPINO SENIORS CLUB OF BRITISH COLUMBIA (FSCBC)

1056E 54th Ave., Vancouver, B.C., V5X 1L7 June 2, 1982 BN 89318 8979 RR0001 IN S00017299

Volunteer Waiver – FSCBC Care Re-Food Program

Program Overview: The FSCBC Care Re-food Program is dedicated to collecting surplus food from grocery stores and other sources, distributing it to those in need, particularly focusing on Vulnerable Seniors and Indigenous communities, as well as families and individuals, facing food insecurity. By rescuing food that would otherwise go to waste, we aim to alleviate hunger and reduce the environmental impact of food waste.

Volunteer Information:

Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: _____

Email Address: _____

Emergency Contact:

Name: _____

Phone Number: _____



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Acknowledgment and Waiver:

1. **Voluntary Participation:** I acknowledge that my participation in the FSCBC Care Re-food Program is voluntary. I understand that I am free to withdraw my participation at any time.
2. **Assumption of Risk:** I am aware that volunteering may involve inherent risks, including but not limited to physical injury, illness, or accidents. I voluntarily assume all risks associated with my participation.
3. **Release of Liability:** In consideration of my participation, I hereby release, discharge, and hold harmless the FSCBC Care Re-food Program, its officers, employees, volunteers, and partners from any and all claims, damages, or liabilities arising from my participation in the program.
4. **Medical Authorization:** In the event of an emergency, I authorize the FSCBC Care Re-food Program to secure medical treatment for me if necessary. I accept responsibility for any medical expenses incurred.
5. **Photographic Release:** I grant permission for the FSCBC Care Re-food Program to take photographs or videos of me during my volunteer activities, which may be used for promotional purposes. I understand that my name will not be associated with any images without my consent.
6. **Compliance with Policies:** I agree to adhere to all guidelines, rules, and policies set forth by the FSCBC Care Re-food Program during my participation.
7. **I will treat everyone with respect, kindness, and courtesy and expect the same.** Rude and abusive language will not be tolerated.

Signature:

I have read and understood this Volunteer Waiver Form. By signing below, I acknowledge and accept the terms outlined above.

Volunteer Signature: _____

Date: _____

If under 18, Parent/Guardian Signature: _____

Date: _____

Thank you for your commitment to serving our community! Together, we can make a difference.

Rainer Otten – Program Coordinator

Delano Debelen – President, FSCBC