



## Volunteer Agreement

### General Information *(Please Print)*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
First Last

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### Volunteer Waiver

I understand that my work is voluntary and that some risks may occur due to the nature of the work at one bistro or at a one bistro sponsored event. I understand and assume these risks and hereby release one bistro and its officers, directors, employees, affiliates, or agents from any and all liability regarding the volunteer effort with one bistro. I agree to save and hold each of them harmless from and against all claims, costs, expenses, demands, and actions with the volunteer effort.

\_\_\_\_\_  
Print Name Signature Date

### Health Policy Agreement

I understand that I must:

1. Have read the one bistro Volunteer Health Policy.
2. Report when I have been exposed to any of the symptoms or illnesses listed in the Volunteer Health Policy before volunteering.
3. Comply with volunteer restrictions and/or exclusions that are given to me.

\_\_\_\_\_  
Print Name Signature Date

### Code of Ethics Certificate

I acknowledge that I have received and read my personal copy of the one bistro Code of Ethics. I understand that each one bistro member of the Board of Directors, Staff, and Volunteers is responsible for adhering to the principles and standards of the Code of Ethics, and I confirm that I have conducted myself in accord with the principles and standards of the Code of Ethics.

\_\_\_\_\_  
Print Name Signature Date