



Volunteer Agreement

General Information *(Please Print)*

Name: _____ (_____) _____ - _____
First Last Phone

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