



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 have read (or had explained to me) and understand the requirements concerning my responsibilities under **3717-1-02.1** of **The State of Ohio Uniform Food Safety Code** and this agreement to comply with the reporting requirements specified involving symptoms and diagnoses. I also understand that should I experience one of the symptoms listed, or should I be diagnosed with one of the illnesses listed, I may be asked to change my volunteer job or stop volunteering altogether until such symptoms or illnesses have resolved. I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my volunteer work and may involve legal action against me.

Print Name Signature Date

Code of Ethics Certificate

I have received and read my personal copy of the one bistro Code of Ethics. I understand that all one bistro Board of Directors, Staff, and Volunteers are responsible for adhering to the principles and standards of the Code of Ethics, and I confirm that I have conducted myself in accordance with these principles and standards.

Print Name Signature Date