Volunteer Agreement

Please read the Volunteer Manual in its entirety then initial, sign and date in the designated areas below.

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. ☐ (*Please Initial)*

Health Policy
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 or be diagnosed with one of the symptoms or 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. ☐ (*Please Initial)*

Code of Ethics Policy
I have received and read my copy of the One Bistro Code of Ethics. I understand that all 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. ☐ (*Please Initial)*

Photography/Video Consent
I authorize One Bistro to reproduce the photographs and/or video images taken of me for the purpose of publication, promotion, illustration, or advertising, in any manner or in any medium. I hereby release One Bistro for all claims and liability relating to said images or video. I prefer that:

☐ My full name be used ☐ My first name only be used ☐ No name be used

I understand that I may revoke this release at any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease. ☐ (*Please Initial)*

_____ _____ _____
Print Name *Signature* *Date*