



FoCo Cafe Volunteer Agreement

General Information

(Please print clearly)

Name: _____

Phone #: (_____) _____ - _____

Email : _____

Address: _____

I have health insurance: Yes No *(this may affect the type of volunteer position you are assigned)*

I am volunteering:

- For class credit (i.e. Service Learning) or court/judiciary community service
- For a meal in exchange for my time
- As a donation of my time and talent
- Other: _____

Would you like to receive FoCo Cafe's e-newsletter? Yes No

Volunteer Waiver

I understand that my work is voluntary and that some risks may occur due to the nature of the work in FoCo Cafe, partnering farms, or at a FoCo Cafe-sponsored event. I understand and assume these risks and hereby release FoCo Cafe and its officers, directors, employees, affiliates, or agents from any and all liability regarding the volunteer effort with FoCo Cafe. 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

Volunteer Health Policy Agreement

By initialing this page, I understand that I am in agreement with all of the following statements:

1. I have read and understood FoCo Cafe's Volunteer Health Policy;
2. I will report when I have been exposed to any of the symptoms or illnesses listed in the Volunteer Health Policy before volunteering; and
3. I will comply with volunteer restrictions and/or exclusions that have been provided by FoCo Cafe staff.

Please initial

*Street Address: 225 Maple Street, Fort Collins, CO 80521 - Mailing Address: P.O. Box 242, Fort Collins, CO 80522-0242
Email: info@fococafe.org - Phone: 309-368-1659 - Web: www.fococafe.org*

Thank you for choosing to support FoCo Cafe by volunteering your time!

10/20/2014