



Volunteer Confidentiality Agreement

As a volunteer, I understand my role and responsibilities are a valuable part of the work of FEED NOVA SCOTIA, and I agree to carry out my responsibilities to the best of my ability.

As I carry out my responsibilities, I may meet any number of food bank clients or donors who wish to remain anonymous. Accordingly, I agree not to disclose any confidential information acquired during my volunteer service with FEED NOVA SCOTIA to any third party either during my service with FEED NOVA SCOTIA or after my service with FEED NOVA SCOTIA has ended. This is in recognition of the often embarrassing and difficult situations food bank clients face, and also demonstrates respect for those who support this agency.

I also understand that all food collected by FEED NOVA SCOTIA is intended solely for the purposes of meeting the emergency needs of clients of FEED NOVA SCOTIA member agencies. I agree to respect the needs of those we serve by not expecting or taking any food for my own personal use.

As a result of breaking these ground rules, I will be invited to resign/terminate my volunteer work with FEED NOVA SCOTIA.

I have read and understand my rights and responsibilities as a volunteer and agree to participate in the work of FEED NOVA SCOTIA in the spirit of these rights and responsibilities.

Volunteer Name *(please print)*

(date)

Volunteer Signature (parent or guardian to sign if under 18)

Manager, Volunteer Services

Witness

Date



Photo/Video/Story Release Form

I hereby give FEED NOVA SCOTIA permission to use the following checked items to promote FEED NOVA SCOTIA and its mission:

☐ **Photo** ☐ **Video** ☐ **Audio**

☐ I hereby release and discharge the photographer/videographer and FEED NOVA SCOTIA from any and all claims arising out of use of the photos and/or video/audio recording.

☐ **Story or Quote**

☐ I understand FEED NOVA SCOTIA may edit for content and/or length.

I authorize FEED NOVA SCOTIA to use these items for the following:

☐ **Print Materials**

☐ **Web**

☐ **Distribution to News Media Outlets**

I prefer to be identified as follows:

☐ **Anonymous**

☐ FEED NOVA SCOTIA may include my name and/or identifying information.

I have read the above statement and fully understand its contents.

Name (please print) _____

Address: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

(parent or guardian to sign if under age 18)

Witness: _____ Date: _____