



## RootWorks Volunteer Application

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Referred By: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Other Household Members:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Owner Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

RootWorks Nonprofit Neighbors I'm interested in volunteering with:

- Habitat For Humanity
- Youth & Family Services
- Humane Society of the Black Hills
- Fork Real Cafe

I have read the attached RootWorks Program Policies and Procedures and I understand access to my discount depends on compliance with the requirements set out by both Breadroot Natural Foods Co-op and its nonprofit partner organizations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return a completed application to Sharissa Hermanson at [sharissa@breadroot.com](mailto:sharissa@breadroot.com) or to a Co-op cashier.



## Volunteer Release and Waiver of Liability

As a volunteer in the RootWorks program, I agree to the following:

**1. Waiver and Release.** I release the Co-op from any and all liability, claims and demands which may arise from my volunteer activities under the RootWorks volunteer program. I understand this to mean that I release the Co-op from any liability or claim that I may have against the Co-op for any bodily injury, personal injury, illness, death, property damage, or any other liability that may result from my participation in the RootWorks program, whether caused by the negligence of the Co-op or its officers, directors, employees, agents or otherwise. I also understand that the Co-op does not assume any responsibility for financial assistance or other assistance, including but not limited to medical, health, workers' compensation or disability insurance in the event of my injury or illness.

**2. Medical Treatment.** I release the Co-op from any claim or liability whatsoever that may arise as a result of any first aid, treatment, or service I receive in connection with my participation in the RootWorks volunteer program.

**3. Assumption of the Risk.** I understand and acknowledge that my volunteer services under the RootWorks program may include activities that may be hazardous or inherently dangerous to me, including but not limited to remote travel, contact with other volunteers, and contact with the public generally. I promise to follow all normal precautions and not engage in risky activities. I expressly and specifically assume the risk of injury or harm from any and all volunteer activities, and I release the Co-op from all liability for injury, illness, death, or property damage resulting from my volunteer services.

**4. Insurance.** I understand that I will not be covered by any Breadroot Natural Foods Co-op health, medical or disability insurance coverage. I understand that I am expected and encouraged to obtain my own medical or health insurance coverage.

I UNDERSTAND THAT THIS IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING BELOW, I AM SAYING THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I UNDERSTAND AND AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

---

Printed Name

---

Date

---

Signature



## Volunteer Memorandum of Understanding

As a volunteer in the RootWorks program, I have read, understand and agree to the following:

- My volunteer work must be performed for an approved RootWorks Nonprofit Neighbor, in order to receive any of the benefits described below.
- I will wear my Breadroot-issued RootWorks button as my 'uniform' while on volunteer duty.
- I will conduct myself in a professional, respectful and honorable manner that reflects positively on Breadroot Natural Foods Co-op and the Nonprofit Neighbor.
- I will be prompt when expected to volunteer and provide adequate notice if/when I am unable to meet my volunteer commitments.
- I will complete all mandatory orientation and training required by Breadroot Natural Foods Co-op and the Nonprofit Neighbor.
- I understand I will earn one single-use 15% discount 'coupon' for every six hours that I volunteer each month, up to a maximum of two coupons per month.
- I understand that the single-use 15% coupon is the maximum allowable discount for a single purchase. This volunteer coupon cannot be combined with any other discount in the same transaction, including Owner discounts, other volunteer coupons, or senior discounts.
- I understand that these single-use volunteer coupons cannot be "banked" in a way that results in me having more than two unused coupons at any one time.
- I understand that my monthly volunteer hours will be tracked and verified by the Nonprofit Neighbor and that it is my responsibility to coordinate with the Nonprofit Neighbor to ensure that my volunteer hours are tracked accurately.
- I understand that I must keep my Breadroot Natural Foods Co-op ownership active and up-to-date to remain on the RootWorks volunteer team.
- I have read and signed and will abide by the RootWorks Volunteer Waiver.



- I am willing to be photographed while volunteering with the RootWorks program for use in e-newsletters, social media, etc.
- I understand that nothing in this Memorandum of Understanding should be construed to create a partnership, joint venture, or employer-employee relationship between me and Breadroot Natural Foods Co-op. As a volunteer, I will not be entitled to any of the benefits or compensation which Breadroot Natural Foods Co-op may make available to its employees.
- I understand that failure to comply with these minimum requirements may result in my removal from the RootWorks Volunteer Program.

---

Printed Name

---

Date

---

Signature

Breadroot Natural Foods Co-op does not discriminate on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation, or any intent to make such a limitation, specification, or discrimination unrelated to ability to perform the work required.