**Plainfield Co-op Volunteer Agreement**

**Name of volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Welcome! You have officially leveled up from normal member, to WORKING MEMBER. Thank you for volunteering to help our coop. This Volunteer Agreement describes the arrangement between you and the Plainfield Co-op.**

The Co-op agrees that

Charlotte Domino is the Membership Coordinator. You will be working as a volunteer under the supervision of the Membership Coordinator and/or your supervisor, who will train you for your duties, including any health and safety rules and precautions.

As a member volunteer, you will receive a 3% to 7% register discount on in-store purchases (not including alcohol) for as many weeks or months as you are volunteering. Starting in 2019 working members will be invited to free yoga classes in the Community Center above the coop.

The volunteer agrees that

Working members will notify the coop (phone:802-454-8579)if they’ll be late or unable to work as scheduled.

Working members will notify the Membership Coordinator if they have any concerns about working conditions, their ability to do the tasks assigned, or how they have been treated by customers or staff.

Duties may require periods of standing, lifting, and carrying. By signing this form I understand and accept that working members voluntarily participate in this activity with knowledge of the hazards and potential dangers involved, and agree to accept all risks of personal injury. If I am injured while volunteering, I am not covered by the Co-op’s Workers’ Compensation policy. I authorize the Co-op to seek emergency medical treatment on my behalf in case of injury, accident or illness while I am volunteering at the Coop. I understand that I will be responsible for medical costs incurred by such accident, illness or injury not covered by the Co-op's insurance.

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Date Volunteer Signature

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 Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name

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Phone or Email (best way to contact me)

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Date Plainfield Co-op Representative Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-op Representative Printed Name

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Emergency Contact Phone Number and Name