

Plainfield Co-op Non-Member Volunteer/Working Member Agreement

Name of Non-Member Volunteer or Working Member

Welcome! Thank you for volunteering to help our co-op. This agreement describes the arrangement between you, as a non-member volunteer or working member, and the Plainfield Co-op.

The Co-op agrees that

You will be working in a volunteer capacity under the Membership & Marketing Coordinator and/or your supervisor(s), who will train you for your duties, including any health and safety rules and precautions.

If you are a working member, you will receive a 3% to 7% (dependent on amount of time worked per week) register discount on in-store purchases (not including alcohol) for as many weeks as you are volunteering.

The non-member volunteer or working member agrees that

Non-member volunteers and working members will notify the Co-op (phone: 802-454-8579) if they will be late or unable to work as scheduled.

Non-member volunteers and working members will notify the Membership & Marketing 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 physical activity such as standing, squatting, kneeling, reaching, lifting, carrying, climbing a step stool and/or stairs, and/or using cutting tools. By signing this form, I understand and accept that non-member volunteers and working members voluntarily participate in these activities with knowledge of the hazards 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

by the Co-op's insurance.		
Date	Non-Member Volunteer or Working Me	ember Signature
Non-Member \	Volunteer or Working Member Printed Name	
Parent/Guardia	an Signature (if applicable)	
Parent/Guardia	an Printed Name (if applicable)	
Phone or Emai	il (circle best way to contact)	
Date	Plainfield Co-op Representative Signature	2
Plainfield Co-o	op Representative Printed Name	
Emergency Co	ontact Phone Number and Name	

my behalf in case of injury, accident, or illness while I am volunteering at the Co-op. I understand that I will be responsible for medical costs incurred by such accident, illness, or injury not covered