



U.S.D.A. SURPLUS COMMODITIES DISTRIBUTION
VOLUNTEER AGREEMENT

AS A VOLUNTEER FOR THE COMMUNITY ACTION PARTNERSHIP OF SAN BERNARDINO COUNTY, U.S.D.A. SURPLUS COMMODITIES DISTRIBUTION PROGRAM, I AGREE TO CONTRIBUTE MY SERVICES WITHOUT MONETARY BENEFITS. I ALSO AGREE TO RELEASE, INDEMNIFY AND HOLD FREE AND HARMLESS THE COMMUNITY ACTION PARTNERSHIP OF SAN BERNARDINO COUNTY AND THE SITE/FACILITY WHERE THE DISTRIBUTION TAKES PLACE.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE ABOVE "VOLUNTEER AGREEMENT" STATEMENTS.

VOLUNTEER SIGN-IN FORM

MONTH _____ DAY _____ YEAR _____

DISTRIBUTION SITE:
 NAME: _____

ADDRESS: _____
 (MAILING ADDRESS) (CITY) (ZIP CODE)

TELEPHONE NUMBER: _____
 (HOME) (MESSAGE)

CONTACT PERSON: _____

| Volunteer Name (Signature) | Address, City & Zip Code | Phone # | Service Provided | Hours Donated |
|-------------------------------|--------------------------|---------|---------------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

| Volunteer Name (Signature) | Address, City & Zip Code | Phone # | Service Provided | Hours Donated |
|-------------------------------|--------------------------|---------|---------------------|------------------|
| 7. | | | | |
| 8. | | | | |
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| 24. | | | | |
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| 26. | | | | |
| 27. | | | | |
| 28. | | | | |

TOTAL: _____