Twin Rivers Unified School District
Food Distribution Student Volunteer Waiver and Parent/Guardian Consent Form

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Student Information

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Contact Information

Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Volunteer Program Description

The Twin Rivers Unified School District Food Distribution Program provides food and resources to families in partnership with Sacramento Food Bank & Family Services (SFBFS).

Student volunteers support this program by assisting with event setup and cleanup, greeting participants, organizing supplies, distributing food items under staff supervision, and performing other assigned volunteer duties. Participation is voluntary and unpaid.

Volunteer activities take place at Highlands High School, S-Building, 6601 Guthrie Street, North Highlands, CA 95660.

Acknowledgment of Risk

I understand that participation in volunteer activities may involve certain risks, including lifting and carrying light items, standing for extended periods, walking on uneven surfaces, working outdoors, and interacting with members of the public.

I voluntarily permit my child to participate in the Twin Rivers Food Distribution Program and acknowledge these potential risks.

Parent/Guardian Initials: _____

Release of Liability

To the fullest extent permitted by law, I release and hold harmless Twin Rivers Unified School District, Sacramento Food Bank & Family Services (SFBFS), their governing boards, employees, volunteers, agents, and partner organizations from any claims, demands, injuries, losses, or damages arising from my child's participation in the Food Distribution Program, except as otherwise provided by law.

Parent/Guardian Initials: _____

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Medical Authorization

In the event of an accident or medical emergency, I authorize Twin Rivers Unified School District staff to obtain emergency medical treatment for my child if I cannot be reached immediately.

Parent/Guardian Initials: _____

Photo and Media Release

I grant permission for Twin Rivers Unified School District to photograph, videotape, or record my child during volunteer activities and to use these images for educational, informational, promotional, and district communication purposes.

□ I grant permission for photo/video use. □ I do not grant permission for photo/video use.

Transportation Acknoledgement

I understand that transportation to and from volunteer activities is the responsibility of the parent/guardian and not Twin Rivers Unified School District.

Parent/Guardian Initials: _____

Volunteer Expectations

Student volunteers agree to:

- Follow directions provided by district staff and volunteer supervisors.
- Demonstrate respectful and professional behavior.
- Wear appropriate clothing and closed-toe shoes.
- Follow all safety procedures and guidelines.
- Maintain confidentiality regarding students and families.
- Report injuries, accidents, or safety concerns immediately.
- Refrain from taking food or supplies designated for participating families unless authorized by program staff.

I understand that failure to follow these expectations may result in removal from the volunteer program.

Parent/Guardian Consent

I have read and understand this waiver and consent form. I give permission for my child to participate as a volunteer in the Twin Rivers Unified School District Food Distribution Program.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VOLUNTEER HOURS (OFFICE USE ONLY) Verified by: _____

Time In: _____ Time Out: _____ Total Hours Earned: _____