



Volunteer Welcome

Welcome

We are so happy to have you on board and appreciate your commitment to garden, kitchen and farm education. As a volunteer you play an important roll in our organization, helping to ensure that we can deliver on our mission for many years to come. Thank you for joining us. Let's dig in!

Mission and Vision

Planting seeds for a lifetime of healthy eating through garden, kitchen and farm education. Cornucopia Project envisions a resilient community that celebrates healthy food, hands-on learning and environmental sustainability.

Garden



Kitchen



Farm



Collaboration
in the pursuit of our mission

Ethical behavior
that is worthy of trust, respect, and admiration from others internally and externally

Professionalism
characterized by behaviors and communications that are honest, fact-based; courtesy and consideration toward other people; high standards and integrity in all that we do; and constructive problem-solving.

Inclusiveness
that allows for active and rewarding participation by all participants

Code of Conduct

Contact Info:
603-784-5069

CornucopiaProject.org
admin@cornucopiaproject.org

166 Hancock Road
Peterborough, NH 03458





VOLUNTEER CODE OF CONDUCT

The spirit of this document attempts to uphold these principles:

COLLABORATION

in the pursuit of our mission of planting seeds for a lifetime of healthy eating through garden, kitchen and farm education.

ETHICAL BEHAVIOR

that is worthy of trust, respect, and admiration from others internally and externally.

PROFESSIONALISM

characterized by behaviors and communications that are honest and fact-based; courtesy and consideration toward other people; high standards and integrity in all that we do; and constructive problem-solving.

INCLUSIVENESS

that allows for active and rewarding engagement by all participants.

Volunteers will at all times abide by and conform to the following Code of Conduct in their capacity as a Cornucopia Project Volunteer

General Expectations

1. Volunteers will contribute to a collegial, inclusive, positive, and respectful work environment for fellow volunteers, stakeholders, students, and staff, and they will model the best in professional behavior.
2. Volunteers will know, understand, and support Cornucopia Project's mission, core purpose, values, and goals. They will also become familiar with and follow Cornucopia Project's policies, procedures, guidelines, and the Volunteer Code of Conduct while acting on behalf of Cornucopia Project.
3. Volunteers will not discriminate and will be respectful of ethnic, national, and cultural differences.
4. Volunteers will obey all applicable laws and regulations of the relevant government authorities, including all laws and provisions that govern appropriate conduct in the workplace while acting on behalf of Cornucopia Project.



GENERAL WAIVER, RELEASE AND INDEMNITY

I understand that as a participant of the Cornucopia Project and/or participant in activities conducted at the Cornucopia Project or sponsored by the Cornucopia Project, I may be exposed to a variety of hazards and risks, foreseen and unforeseen. These inherent risks may result in injuries, damages and/or death, which can occur by natural causes or activities of other persons, animals or third parties, either as a result of negligence or because of other reasons.

In consideration for being allowed to participate in activities at Cornucopia Project locations, including, without limitation, using tools, operating equipment or participating in any other activity at or affiliated with the Cornucopia Project whether or not sponsored by the Cornucopia Project, I hereby agree and understand as follows:

On behalf of myself, my heirs and my personal representatives, I hereby forever release and discharge The Cornucopia Project, its directors, officers, employees, agents, volunteers and affiliates (the "Released Parties"), from any and all liability arising out of my use of the Cornucopia Project and/or participation in any activities, including, without limitation, any of the activities listed above, conducted at the Cornucopia Project and/or sponsored by or affiliated with the Cornucopia Project, including, without limitation, liability for any claims or causes of action whatsoever arising out of any damage, loss, or injury (including death), to me or to property owned by or in the custody of me while engaged in such activities.

I further agree to assume the liability for, and to indemnify and defend the Cornucopia Project from, any and all claims or damages for any sickness, personal injury, death, property damage or any other loss that may arise, either wholly or in part, out of any negligent, intentional or other act or omission by me in connection with any activities conducted at or engaged in by me at the Cornucopia Project and/or sponsored by or affiliated with the Cornucopia Project, including those claims or damages that may arise out of the joint or concurrent negligence of a third party, the Released Parties, or any of them or which relate to a condition of the property of the Cornucopia Project or adjacent property.

I consent to whatever medical care might be provided or available at the Cornucopia Project and to conform to and comply with all the rules and regulations of the Cornucopia Project

This agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this agreement is held to be invalid or legally unenforceable for any reason, the remainder of the agreement shall not be affected thereby and shall remain valid and fully enforceable.

I have read this agreement in its entirety and I freely and voluntarily assume all risk of any and all activities in which I may engage or in which may be conducted at or affiliated with The Cornucopia Project and notwithstanding such risks, I agree to use the Cornucopia Project and participate in activities conducted at or affiliated with the Cornucopia Project.



CONFIDENTIALITY AGREEMENT

I understand that as an Employee, member of the Board of Directors or Contractor for The Cornucopia Project, I may have access to or become aware of confidential information such as donor financial information, employee performance and personnel information, business information of the Cornucopia Project including know-how, trade secrets, plans, designs, processes, discoveries, interventions and ideas, photographs, marketing data and plans, financial information, supply information and any other technical or business information. By signing below, I agree to the following:

1. I understand that my access to and use of Cornucopia Project's confidential information in verbal, written, and/or electronically stored form is a privilege. Access to such information is granted to me only on a "need to know" basis to allow me to carry out my job responsibilities as an employee, Board member or Contractor.
2. I agree to take appropriate action to maintain the confidentiality of Cornucopia Project's confidential information, including but not limited to:
 - a. Not leaving hard copy records on printers, fax machines or copy machines;
 - b. Not providing Cornucopia Project's confidential information to unauthorized persons by any means whatsoever including but not limited to postings to social media such as email, Facebook, Twitter or personal blogs and not capturing such information with personal cell phones, iPhones, cameras or other recording devices;
 - c. Not disclosing to unauthorized persons verbally any information gathered from printer machines, electronic data, observed incidents or overheard conversations.
3. I understand that if I am granted a computer login, password and/or physical token devices such as a plastic key card or identification badge, that I will not allow another person to use my account, nor will I use another person's account.
4. I understand that the obligations imposed by the confidentiality agreement remain even if I leave my employment or terminate my affiliation with Cornucopia Project.
5. I understand that violation of this confidentiality agreement will result in possible actions up to and including immediate termination of relationships with Cornucopia Project.



6. In addition, I understand that violation of the confidentiality agreement may result in possible legal action against me and any organization I represent. I understand that the failure of Cornucopia Project any time to enforce any provision of this Agreement against me or any other person shall not affect its right to later insist upon performance of that provision by me. I agree that any waiver by Cornucopia Project of any breach of this agreement shall not be construed as a waiver of any continuing or succeeding breach, or of any right under this agreement. If the Cornucopia Project prevails in an action against me to enforce the terms of this agreement, I understand that I will be liable to pay its costs associated with the action including its attorneys fees.

By signing below, I acknowledge that I have read, understood, and agree to abide by the Volunteer Code of Conduct and that my participation as a volunteer is contingent upon my compliance and that I accept all terms and conditions as outlined within the General Waiver, Release and Indemnity, and Confidentiality Agreement.

Signature of Participant _____ Date _____

Printed Name of Participant _____

IF PARTICIPANT IS A MINOR (UNDER 18), A PARENT OR LEGAL GUARDIAN MUST SIGN THIS AGREEMENT ON THEIR BEHALF.

Signature of Parent/Legal Guardian _____ Date _____

Printed Name of Parent/Legal Guardian _____

Name of Participant _____



VOLUNTEER CONTACT INFORMATION

CONTACT INFORMATION		DATE	
NAME		PHONE 1	
ADDRESS		PHONE 2	
CITY		EMAIL	
STATE, ZIP		ROLE	

EMERGENCY CONTACTS			
CONTACT 1 NAME		RELATIONSHIP	
PHONE		PHONE 2	
ADDRESS			
CONTACT 2 NAME		RELATIONSHIP	
PHONE 1		PHONE 2	
ADDRESS			

MEDICAL INFORMATION <i>OPTIONAL</i>	
ALLERGIES	
ALLERGIES TO MEDICATIONS	
COMMENTS/NOTES	

MEDICAL CONTACT INFORMATION <i>OPTIONAL</i>			
DOCTOR NAME		PHONE	
DENTIST NAME		PHONE	
PREFERRED HOSPITAL		PHONE	

<input type="checkbox"/> The above information has been provided voluntarily, and I authorize contact on my behalf in the event of an emergency.			
SIGNATURE		DATE	



PHOTO AND VIDEO CONSENT AND RELEASE FORM

I hereby give permission to the Cornucopia Project to use photos, audio and video recordings of me while engaged in Cornucopia-related duties and activities. I grant permission for my photo, audio and video recordings to be used in any promotional materials produced by The Cornucopia Project.

Signature:_____Date:_____

Print Name: _____

Parent/Legal Guardian Signature (if minor):_____