Co-op Worker Bees Volunteer Agreement



Thank you for helping build our local community by being a volunteer!

In order to represent Community Co-op Market by volunteering with another community organization, you must read and agree to the Volunteer Program Policies below. Please return this completed form to the co-op's welcome desk or email it to info@communitycoopmarket.coop.

- I. All participants must be current members of Community Co-op Market. We must have a current email address on file for all volunteers—email is how we will keep volunteers up-to-date on partner organizations and special volunteer events.
- 2. Your volunteer enrollment must be confirmed by CCM before any volunteer hours are eligible for volunteer discount.
- 3. It is your responsibility to get a supervisor signature at each volunteer shift. Worksheets must be submitted within two weeks after the last volunteer shift served each month. Volunteer hours submitted more than two weeks past the end of the month will not be eligible for volunteer discount cards.
- 4. Volunteers will get one 10% off discount applied to their member account for every six (6) hours of eligible volunteer service, up to a maximum of three (3) discounts per month.
- 5. Volunteer discounts are redeemable for 10% off on a single shopping trip.
- 6. If under 18 years of age, volunteers must be accompanied by a guardian during any volunteer activity for their hours to be eligible. If that guardian is also a member (or is in the same member-household as the minor), their volunteer hours are also eligible for a volunteer discount card.
- exchanges with members of the community and Co-op staff.

7. Participants in the Co-op Worker Bees program must be polite, respectful and considerate in their

Member Name:	Me	mber Number:
Please indicate your areas of interest for volunteering and your typical availa Hunger relief/Food access (food rescue, food shelves, soup kitchen) Sustainable agriculture (community gardens, farmer support) Environment (planting trees, waste reduction) Community (hospice, shelters/crisis centers, schools)		•
Signature		Date
To be completed by Co-op staff:	Membership Representative Completing Registr	ation Date