

**EXHIBIT B**  
**VOLUNTEER ACKNOWLEDGMENT FORM**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Group:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

This Volunteer Acknowledgment Form ("Form"), to be completed and signed by you, details your agreement to be a volunteer with the Group identified above, a non-profit, tax-exempt organization, as defined in Section 501 of the Internal Revenue Code ("the Group").

ARAMARK SPORTS AND ENTERTAINMENT SERVICES, LLC ("Aramark") provides food and beverage services at the public event facility identified above (the "Facility"). The Group requested that Aramark permit the Group to engage in fund raising for civic, charitable, religious, educational or other purposes as defined in Section 501 of the Internal Revenue Code through the conduct of concessions operations at the Facility as Aramark may designate from time to time.

**You acknowledge as follows:**

1. I am performing volunteer work for the Group without any expectation or intention of receiving wages, compensation, or benefits from the Group or from Aramark. I am donating my time and effort for the benefit of the Group because of my interest in supporting the Group and its mission. My services are offered freely and without pressure or coercion, direct or implied from any member of the Group or any employee of Aramark.
2. I understand that I am not an employee of Aramark and I have no expectation of an employment relationship, whether express or implied.
3. I understand that I will not receive any wages, compensation, or benefits from the Group or Aramark for my volunteer service to the Group. In addition, I understand that I will not be reimbursed for any personal expenses, such as parking or meals that I incur in performing my volunteer work.
4. I understand that my volunteer service is not for a fixed period of time and that the Group or Aramark may release me as a volunteer without prior notice and for any reason.
5. I understand that the Group supervisor will determine the tasks associated with my volunteer service. I also understand that I may receive training related to my volunteer service.
6. I attest that I do not receive food, shelter, clothing, necessities of life, or any other similar benefit from the Group.
7. I understand that I am required to complete a Background Investigation Disclosure and Authorization Notice and a Criminal History Disclosure Form. I understand that my volunteer service is contingent on any results of such checks being satisfactory to Aramark.

8. On behalf of myself, my heirs, and my representatives, I agree to release, indemnify, and hold harmless Aramark and Aramark's Client, all of their parent, subsidiary and affiliated companies, and all of their past and present officers, directors, employees, agents and assigns ("Aramark Persons and Entities") from any and all liability, damage, or claims of any nature that arise out of or are related to my volunteer service to the extent such liability, damage and claims may be released under the law.

9. To the maximum extent permitted by applicable law, all disputes, claims, complaints, or controversies ("Claims") that I have now or at any time in the future may have against Aramark Persons or Entities, or that Aramark has now or at any time in the future may have against me, including statutory claims and claims for wages and overtime, that arise out of or are related to my volunteer service (collectively "Covered Claims"), are subject to binding arbitration and will be resolved by arbitration and NOT by a court or a judge or a jury. This agreement shall not prevent me from filing a Covered Claim with a government agency provided that if the Covered Claim is not resolved before the agency, it will proceed in arbitration rather than in court. The parties agree that no Covered Claims may be initiated or maintained on a class action, collective action, or representative action basis either in court or arbitration, and that neither party may participate as a plaintiff, opt-in, claimant, or class member in a class, collective or representative action involving any Covered Claims. If any portion of this arbitration agreement is found to be void, voidable, or otherwise unenforceable, then the portion found void or unenforceable shall be severed from this Agreement, and all other parts and provisions shall remain in full force and effect. A court and not an arbitrator must resolve issues concerning the enforceability or validity of the class action, collective action, or representative action waiver, and if any claims are found to be able to proceed on a class action, collective action, or representative action basis notwithstanding this waiver, such claims shall proceed in court and not in arbitration. Any arbitration under this agreement shall be conducted before the American Arbitration Association (AAA), before a single arbitrator, in accordance with the Commercial Arbitration Rules unless the parties agree or the arbitrator rules otherwise, but no rules of the AAA shall apply that are inconsistent with this agreement. Information about AAA and its rules can be found at [www.adr.org](http://www.adr.org), and a copy of the Commercial Arbitration Rules will be provided upon request. In the event I file a claim under this agreement, I will be responsible for \$200 towards any AAA filing or administrative fee, and Aramark will be responsible for any additional amount of the AAA fee. In the event any Aramark files a claim under this agreement, it will be responsible for the entire AAA filing or administrative fee. Aramark will pay any other AAA administrative fees, the arbitrator's fees, forum fees, and other administrative fees and costs of the arbitration forum.

10. By signing this Form, I attest that I am 16 years of age or older.

11. If I am 16 or 17 years old, I understand that I am not permitted to touch or serve alcohol or to operate or use any equipment or machinery.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (Required for Volunteers under age 18)

Date: \_\_\_\_\_

**[FOR USE WITH NON PROFIT ORGANIZATION VOLUNTEERS – SPORTS & ENTERTAINMENT]**

**BACKGROUND INVESTIGATION DISCLOSURE AND AUTHORIZATION NOTICE**

**Disclosure Regarding Background Investigation**

A Non Profit Organization (“NPO”) has requested that you be permitted to volunteer at **M&T Bank Stadium**, where certain services are performed by Aramark Educational Services, LLC or one of its parents, subsidiaries, affiliates or related entities (“Aramark”) pursuant to an agreement the NPO has with Aramark. Because NPO volunteers at **M&T Bank Stadium** may have access to restricted areas, may interact with members of the public, including minors and/or may be viewed as a representative of Aramark and/or **The Baltimore Ravens**, all individuals seeking to serve as NPO volunteers must submit a Criminal History Disclosure Form and authorize Aramark, in its sole discretion, to perform a criminal background check. Aramark will also perform a sex offender registry check of all individuals seeking to serve as NPO volunteers at **M&T Bank Stadium**. If Aramark determines, based on the information provided and/or the results of any background check it conducts, that granting access to the individual would present an unreasonable risk, then access will not be granted and the individual, as well as the NPO, will be advised that the individual cannot serve as an NPO volunteer at **M&T Bank Stadium**.

This Background Investigation Disclosure and Authorization Notice is to inform you that Aramark may obtain a consumer report or an investigative consumer report. Such a report may include information obtained through criminal background checks, motor vehicle driving record checks and verification of information you have provided to Aramark. The report will be used solely to determine whether you will be permitted to serve as an NPO volunteer at **M&T Bank Stadium**. This determination will have no impact on your ability to attend any games or other events at **M&T Bank Stadium** as a patron or guest. Aramark is obtaining a consumer report or an investigative consumer report on you solely because you seek to serve as an NPO volunteer at **M&T Bank Stadium**. Aramark’s performance of a background investigation is not intended and should not be construed to create a relationship of any kind (including, but not limited to, an employment or agency relationship) between you and Aramark.

Please be advised that you have the right, within a reasonable period of time after receipt of this Notice, to request in writing that we make a complete and accurate disclosure of the nature and scope of the investigation requested by us and provide a summary of your rights under the Fair Credit Reporting Act.

This authorization will remain in effect and serve as continuing authorization for Aramark to obtain a consumer report or an investigative consumer report on you any time Aramark is asked to permit you to serve as an NPO volunteer at **M&T Bank Stadium** during [INSERT CURRENT ONE-YEAR TERM OF THE AGREEMENT].

**Authorization of Background Investigation**

I have reviewed the information provided above regarding the background investigation Aramark may conduct, and I authorize Aramark, its employees, representatives and agents to investigate my background and to obtain a consumer report and/or an investigative consumer report for the purposes described above now and, if applicable, at any time during [INSERT CURRENT ONE-YEAR TERM OF THE AGREEMENT] that Aramark is asked to permit me to serve as an NPO volunteer at **M&T Bank Stadium**.

I further authorize, without reservation, any person, entity or agency (including, but not limited to, criminal justice agencies, courts, sex offender registries, departments of motor vehicles, licensing agencies and credit reporting agencies) contacted by Aramark, its employees, representatives and agents to furnish information about me that is required in connection with the preparation of a consumer report and/or an investigative consumer report.

I understand that information contained in a consumer report and/or an investigative consumer report may be used by Aramark to make decisions regarding my eligibility to serve as an NPO volunteer at **M&T Bank Stadium**, in accordance with applicable law. I also understand and agree that Aramark may share the information contained in a consumer report and/or an investigative consumer report with the NPO for which I seek to volunteer and with any Aramark client associated with **M&T Bank Stadium**.

I understand that in order for Aramark to obtain a consumer report and/or an investigative consumer report, I must provide the information that is requested below. I understand that my birth date is needed to process my background investigation and that my birth date is intended to be used solely for purposes of the background investigation and not for any other purposes.

I authorize that a facsimile or photocopy of this authorization be accepted with the same authority as the original.

Print Full Legal Name:			
<i>(First name)</i>	<i>(Middle name)</i>	<i>(Last name)</i>	
Other Names Used			
<i>(First name)</i>	<i>(Middle name)</i>	<i>(Last name)</i>	
Date of Birth:			
<div style="display: flex; justify-content: space-around; align-items: center;"> <span>/</span> <span>/</span> </div>			
<i>(mm/dd/yyyy)</i>			
List All Addresses Where You Have Lived For the Past Two (2) Years:			
Address 1 (Current Address)			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Address 2			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Address 3			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Address 4			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Address 5			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Address 6			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Address 7			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Address 8			
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Non Profit Organization For Which You Seek to Volunteer at <span style="background-color: yellow;">[INSERT LOCATION(S) FROM ABOVE]</span> :			

By signing below, I certify that I have read, understand and consent to Aramark obtaining a consumer report and/or an investigative consumer report as described above. I further certify that the information I have provided above is true, complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[CONTINUED ON NEXT PAGE]**

## STATE LAW NOTICES

### **CALIFORNIA, MINNESOTA AND OKLAHOMA: For individuals seeking to volunteer in California\*, Minnesota, or Oklahoma**

Unless a different consumer reporting agency is identified below, a consumer report will be obtained through Truescreen, P.O. Box 130, Southampton, PA 18966; 1-800-260-1680; www.truescreen.com

☐ A different consumer reporting agency will be used:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Website: \_\_\_\_\_

☐ By checking this box, I am indicating that I would like to receive a copy of any consumer report and/or investigative consumer report that is prepared in reliance on this Background Investigation Disclosure and Authorization Notice.

**\*California:** If you choose to receive a copy of the consumer report, it will be sent within three (3) days of Aramark receiving a copy of the consumer report and you will receive a copy of any investigative consumer report within seven (7) days of Aramark's receipt of the report. **A copy of the California Investigative Reporting Agencies Act Summary of Section 1786.22 of the California Civil Code will be provided along with this Background Investigation Disclosure and Authorization Notice.**

### **MAINE: For individuals seeking to volunteer in Maine**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five (5) business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

### **MASSACHUSETTS: For individuals seeking to volunteer in Massachusetts**

Unless a different consumer reporting agency is identified below, a consumer report will be obtained through Truescreen, P.O. Box 130, Southampton, PA 18966; 1-800-260-1680

☐ A different consumer reporting agency will be used:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If a consumer report is obtained, you have the right to request a copy of the report from the consumer reporting agency identified above.

### **NEW YORK: For individuals seeking to volunteer in New York**

You have the right, upon written request, to be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. **A copy of Article 23-A of the New York Correction Law will be provided along with this Background Investigation Disclosure and Authorization Notice.**

### **WASHINGTON: For individuals seeking to volunteer in Washington**

Unless a different consumer reporting agency is identified below, a consumer report will be obtained through Truescreen, P.O. Box 130, Southampton, PA 18966; 1-800-260-1680

☐ A different consumer reporting agency will be used:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Investigative Consumer Report:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.



**CRIMINAL HISTORY DISCLOSURE FORM**  
FOR NON-PROFIT ORGANIZATION VOLUNTEERS

TO BE COMPLETED ALONG WITH THE BACKGROUND  
INVESTIGATION DISCLOSURE AND AUTHORIZATION NOTICE

***Any criminal history disclosed on this form will be reviewed and evaluated by Aramark in determining whether to permit an individual to volunteer for a Non-Profit Organization ("NPO") at one of Aramark's operating locations. In making its determination, Aramark will consider the nature and seriousness of the offense, the time that has passed since the conviction and/or completion of the sentence, and any other factors Aramark deems relevant to the role of a volunteer for an NPO. Aramark's determination as to a potential volunteer shall be final.***

1. Have you been convicted, pled "guilty" or "no contest" or otherwise admitted guilt (including participation in a first time offender program) as an adult to any felony or misdemeanor? (Please answer "No" with respect to any criminal records that have been sealed or expunged.)\*

☐ Yes ☐ No

*If you are seeking to volunteer in the States of <b>California, Hawaii, Massachusetts, Ohio</b> or <b>Washington</b> or in the <b>City of Newark, New Jersey</b> , any conviction, guilty or "no contest" plea or other admission of guilt for the following offenses does <b><u>not</u></b> constitute a criminal record (for purposes of this document) and should <b><u>not</u></b> be reported in response to this question:	
<b>California</b>	(a) any conviction, guilty or "no contest" plea or other admission of guilt related to marijuana that occurred more than 2 years ago; or (b) an offense for which you were referred to and participated in a pre-trial or post-trial diversion program
<b>Hawaii</b>	any conviction, guilty or "no contest" plea or other admission of guilt that occurred more than 10 years ago unless you were released from prison less than 10 years ago
<b>Massachusetts</b>	(a) any misdemeanor conviction, guilty or "no contest" plea or other admission of guilt that occurred more than 5 years ago unless you were released from prison less than 5 years ago; or (b) any misdemeanor for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace
<b>Ohio</b>	any misdemeanor involving marijuana where the amount of marijuana involved is less than 100 grams, the amount of marijuana resin, or extraction or preparation of such resin is less than five grams, or the amount of such resin in a liquid concentrate, liquid extract, or liquid distillate form is less than one gram
<b>Washington</b>	any conviction, guilty or "no contest" plea or other admission of guilt that occurred more than 10 years ago unless you were released from prison less than 10 years ago
<b>Newark, New Jersey</b>	(a) any disorderly persons offense for which you were sentenced (if you were not incarcerated) or released from custody (if you were incarcerated) more than 5 years ago; or (b) any other indictable offense for which you were sentenced (if you were not incarcerated) or released from custody (if you were incarcerated) more than 8 years ago, except convictions for murder, attempted murder, an arson-related offense or a sex offense requiring registry.

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2. If you answered Yes to Question #1, you must provide the following information for each conviction, guilty or “no contest” plea or other admission of guilt for which you answered Yes: (An asterisk (\*) means the information is required.) (Additional pages may be attached as necessary.)

Crime*	State*	County*	Court (State or Federal)*	Date of Conviction (Month <u>and</u> Year)*	Name Used*	Sentence*	Case Number	Charge Level (Felony or Misdemeanor)*

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By signing below, I certify that the information provided above is true, complete and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of the requested information may be justification for Aramark to decline to allow me to volunteer for an NPO at one of Aramark’s operating locations.

Signature: \_\_\_\_\_ Full Legal Name (print): \_\_\_\_\_

Current Address: \_\_\_\_\_

Date: \_\_\_\_\_