

# Dorothy Day Soup Kitchen Volunteer Handbook



*Caring for Our Community*

## **About Us**

Dorothy Day Soup Kitchen (DDSK) was founded in 1986 by a committee of two Catholic laywomen, two brothers and a priest from the Oratory. DDSK was named after Dorothy Day who founded “Houses of Hospitality.” She recognized that though people were eager to help the “deserving” poor, the result was that many people were left wanting. From its beginning DDSK’s mission has embodied that spirit. We provide a safe comfortable place and a free hot meal to whoever walks through the door. Those who dine with us are considered our guests, and no questions are asked. To meet the requirements of grantors and other partners, we track the number of meals served each day. DDSK became an independent and federally recognized non-profit organization in 2014. Our supporters are a mix of churches, businesses, civic groups, school groups, and individuals. Funding comes from donations, grant submissions, and fundraising activities.

## **Our Vision**

To eliminate hunger in our community.

## **Our Mission**

To serve the hungry in our community by providing a hot and nutritious midday meal in a safe and caring environment.

## **Our Values**

Honoring the dignity of all human life.

Serving others with compassion and respect.

Promoting diversity, equity, and inclusiveness.

## **Our Goals**

1. Never turn anyone away who needs a meal.
2. Serve the whole person. Always be aware that guests may have other needs that we can help with by offering assistance and/or referrals.
3. Maintain positive working relationships with other local agencies.
4. Maintain the resources needed to be able to continue successfully carrying out our mission.

## **Our Policies and Procedures**

1. Treat guests in a manner consistent with our values.
2. Daily meal preparation teams consist of a Coordinator and 4 to 5 assistants.
3. Preparation teams are scheduled on a monthly basis.
4. Follow the food preparation, serving, and clean-up in accordance with the Health Department guidelines. (See attached.)
5. Only the meal preparation team should be in the kitchen.
6. Document the daily meal count in the designated calendar.
7. Document any donations received during your shift in the designated calendar. Be sure to write down both the name and the address of the donor.
8. At the end of your shift, close the blinds and turn off the lights in the dining room, the restrooms, and the kitchen.
9. At the end of your shift, sweep the floor and take out the trash and the recycling.

## **Health Department Guidelines**

Before beginning work in the kitchen, wash hands for 15 to 20 seconds in the small sink.

Wear gloves at all times you are handling food.

If hair is longer than chin length, it should be pinned up, tied back, or tucked under a hat.

To wash dishes: Use hot soapy water in the first sink to wash dishes. Change the water when it becomes too dirty or the soap is gone. Use the middle sink to rinse dishes. The third sink is for sanitation. Cleaned and rinsed items should sit in the sanitation sink for at least 20 seconds.

Clean and rinse well the bottoms of pots and pans to avoid a grease film.

Dishes must be air-dried, not dried with towels. They can be put on the stove where they will dry quickly. Leave them there and staff will put them away later.

Wet dish clothes and towels should be left to dry on the sink edge. Wet towels in the laundry basket attract unwanted critters.

Label any leftover food with the contents of the container and the date it was used.

After washing dishes, wipe all surfaces in the kitchen and dining room with disinfectant.

\*\*\* Use the Ph strips to ensure there is the safe amount of bleach in both the sanitation sink and the bucket used for wiping the dining tables. These can be found in the little vial in the measuring cup on top of the microwave. The color on the strip should be half way between the highest and lowest points on the strip.

Dorothy Day Soup Kitchen

**Confidentiality Agreement**

I understand that in my volunteer service with The Dorothy Day Soup Kitchen, I may be exposed to personal information about our guests. I understand that although this information may be freely shared by the guests, it may cover areas such as medical or health information, housing information, or a variety of other situational factors which are sensitive in nature. I hereby acknowledge my commitment to maintain absolute confidentiality of any and all such information to which I may be exposed. This confidentiality agreement does not expire, even after I cease to volunteer my services with The Dorothy Day Soup Kitchen.

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Signature

Date

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Witness

Date

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Witness

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## VOLUNTEER RELEASE OF WAIVER OF LIABILITY

This Volunteer Release of Waiver of Liability (hereinafter "Release") executed on \_\_\_\_\_(date) by \_\_\_\_\_(name) (hereinafter "Volunteer") releases Dorothy Day Soup Kitchen (hereinafter "DDSK"), a nonprofit corporation organized and existing under the laws of the State of South Carolina and each of its director(s), officers, employees, and agents. The Volunteer desires to provide volunteer services for DDSK and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with DDSK is limited to a volunteer position and no compensation is expected in return for services provided by Volunteer; that DDSK will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to DDSK.

Waiver and Release. I, Volunteer, release and forever discharge and hold harmless DDSK and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which arise or may hereafter arise from the service I provide to DDSK. I understand and acknowledge this Release discharges DDSK from any liability or claim(s) I may have against DDSK with respect to personal injury, bodily injury, illness, death, emotional trauma, property damage, or any other issues that may result from the services I provide to or for DDSK while I provide volunteer services.

Medical Treatment. I hereby Release and forever discharge DDSK from any claim which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with DDSK. Further, I acknowledge any first-aid rendered in connection with an emergency during my tenure as volunteer with DDSK is not expected.

Insurance. I understand DDSK does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, life, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of DDSK beyond what may be offered freely by DDSK in the event of injury or medical expenses incurred by me.

Assumption of Risk. I understand the services I provide to DDSK may include activities that may be hazardous to me including, but not limited to food preparation, physically lifting or moving objects in excess of 20 pounds, handling knives and other sharp objects, cleaning spills, and other potentially inherently hazardous or dangerous activities. As a volunteer, I hereby expressly assume risk of injury and/or harm from these activities and Release DDSK from all liability.

Photographic Release. I grant and convey to DDSK all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by DDSK in connection with my volunteer services to DDSK.

Other. As a volunteer, I expressly agree this Release is intended to be as broad and inclusive as permitted by the Laws of the State of South Carolina, and this release shall be governed by and interpreted in accordance with the laws of the State of South Carolina. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. I have no questions about this Release and I wish to enter into it knowingly and voluntarily.

Signature (or parent/guardian if under 18)

Date