



Food Pantry Volunteer Application

Thank you for your interest in volunteering with BACM! Volunteers play a vital role in ensuring our organization runs smoothly. The information on this application will be kept confidential and only authorized staff will have access to your information.

CONTACT INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____ Date of Application: _____

Home Address: _____ Phone: _____

City, State, Zip: _____ DOB: _____

EMERGENCY CONTACT INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____

Limitations/concerns which may affect volunteering: _____

Special skills you bring:

AVAILABILITY: Please complete the following table by selecting all the shifts you can commit to volunteer. Based on the information provided and taking into account current volunteers, the volunteer coordinator reserves the right to develop a schedule to meet BACM's needs.

Available start date: _____ Expected end date: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
<input type="checkbox"/> 9A - 12P	<input type="checkbox"/> 9A - 12P	<input type="checkbox"/> 9A - 12P	<input type="checkbox"/> 9A - 12P
<input type="checkbox"/> 1PM - 4PM	<input type="checkbox"/> 9A - 12P	<input type="checkbox"/> 1PM - 4PM	<input type="checkbox"/> 9A - 12P
	<input type="checkbox"/> 12 P - 5P		<input type="checkbox"/> 12 P - 5P

Additional Questions and Documentation:

How did you hear of BACM's Volunteer Program?

Signature: _____ Date: _____



Food Pantry Volunteer

Organization Overview:

Barberton Area Community Ministries serves the most vulnerable members of our community by making sure their most basic needs are being met. The people who visit our pantry sometimes struggle to make ends meet, and that is where we come in. Our clients are looking for help, not a handout.

Responsibilities:

- Keep all shelves organized, clean, well-stocked and properly rotated.
- Assist with bagging bread, fresh produce, and other food items.
- Help unload food truck deliveries from local businesses and partners.
- Ensure work areas are clean and debris free at the end of shift.
- Help break down boxes and take to recycle dumpster.
- Foster a positive work environment of outstanding teamwork, mutual respect, and effective communication.
- All duties as directed by the Pantry Manager.

Qualifications:

- Age 15 and older.
- Ability to commit to at least two shifts per week for a month.
- Good verbal and written communication skills. Positive attitude and a team player.
- Ability to lift 25 lbs is preferred, though not required.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
10:00A to 11:00A Help Unload Truck	Unload truck (if order coming in)	Unload truck (if order coming in)	Unload truck (if order coming in)
Help put delivery away.	Pantry Open - 1p to 5p help pass out food.	Make up and pack senior delivery bags.	Pantry Open - 1p to 5p help pass out food.
Rotate stock	Shop-Pack orders in AM	Deliver senior delivery bags	Rotate Stock
Accept donations	Rotate stock	Shop-Pack orders for AM	Accept donations
Sort donations	accept donations	rotate stock	sort donations
Organize plastic bags	Organize plastic bags	Organize plastic bags	Organize plastic bags
Vacuum	Vacuum	Vacuum	Vacuum
Sanitize surfaces	Sanitize surfaces	Sanitize surfaces	Sanitize surfaces
Sort produce	sort donations	accept donations	Clean bathrooms
Clean and consolidate freezers	Shop during pantry	sort donations	shop during pantry
Stock shelves	stock shelves	Stock shelves	Prep and organize senior delivery
Take out trash and cardboard	Pack bread bags	Take out trash and cardboard	Stock shelves
	Take out trash and cardboard		Take out trash and cardboard
			Pack bread bags

Barberton Area Community Ministries Release and Waiver of Liability
Please read carefully; this is a legal document that affects your rights!

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____ by _____ (the "Volunteer") in favor of Barberton Area Community Ministries, a non-profit corporation, its directors, offices, employees and agents (collectively known as BACM). The volunteer desires to work as a volunteer for BACM and to engage in activities related to being a BACM volunteer (the "Activities"). The volunteer understands the activities may include, but are not limited to, climbing stairs, lifting, bending and stretching. The volunteer hereby freely, voluntarily and without duress executes this release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless BACM and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, whether in law or in equity, which arise or may hereafter arise from volunteer's activities with BACM. Volunteer understands that this release discharges BACM from any liability or claim that the volunteer may have against BACM with respect to any bodily injury, illness, death or property damage that may result from volunteer's activities with BACM. Volunteer also understands that BACM does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of any injury or illness the volunteer may incur as a result of the volunteer's activities with BACM.

Medical Treatment: Volunteer does hereby release and forever discharge BACM from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the volunteer's activities with BACM.

Insurance: The volunteer understands that, except as otherwise agreed to in writing by BACM, BACM does not carry or maintain health, medical or disability insurance coverage for any volunteer. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO OBTAIN HIS OR HER OWN MEDICAL HEALTH INSURANCE COVERAGE.

Assumption of Risk: The volunteer understands that the activities with BACM include work that may be hazardous to the volunteer, including but not limited to lifting heavy supplies, climbing stairs and partaking of transportation to and from BACM events. Volunteer hereby expressly assumes the risk of all injury or harm in the activities and releases BACM from all liability for injury, illness, death or property damage related to or arising or resulting from the activities.

Coverage: Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio. The volunteer agrees that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such release or provision shall not otherwise affect the remaining provisions of this release, all of which shall continue to be enforceable.

Photographic Release: Volunteer (and Guardian, if applicable) do hereby grant and convey unto BACM, an Ohio non-profit corporation all rights, title and interest in any and all photographic images and video or audio recordings taken of the volunteer during all BACM sponsored events, including but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

By signing this form, I acknowledge that I have received, read and understand this Release and Waiver of Liability.

Volunteer Signature

Date

Address

Phone

Parent/Guardian Signature

Date

Barberton Area Community Ministries Statement of Confidentiality

All employees, volunteers or interns of Barberton Area Community Ministries (BACM) must comply with the basic requirements of confidentiality regarding information entrusted to them in the course of performing their duties or observations acquired through their training.

Each employee, volunteer and intern must understand that he/she will come into contact with privileged information as part of his/her learning, volunteering and employee experience, and that such information is not to be discussed, disclosed or shared except with appropriate personnel.

Any employee, volunteer or intern of Barberton Area Community Ministries who breaches confidentiality by discussion, duplication or allowing unauthorized persons access to any records or information entrusted to him/her shall be subject to corrective action up to and including termination of employee, volunteer or intern status and well as other appropriate legal action.

I, therefore, promise the following:

- I will not disclose the identity of any individual to and inquirer without proper authorization of the supervisor.
- I will not disclose outside of the agency any personnel information pertaining to individual clients of Barberton Area Community Ministries without authorization of my supervisor and the written authorization of the individual client.
- I will not disclose any confidential information concerning Barberton Area Community Ministries, its employees, staff members, volunteers, interns or board members.
- I further agree to release Barberton Area Community Ministries from responsibility or liability arising out of my violation of this statement.

I, _____, have read and understand the above statement of confidentiality and I agree to uphold and fulfill the obligation of trust and confidence required of me as an employee, volunteer or intern of Barberton Area Community Ministries. I further recognize that any infraction or violation of this confidentiality policy will result in corrective action which may include termination of employment, loss of volunteer or intern status and/or legal action.

Signature of Employee/Volunteer/Intern

Date

Signature of Supervisor

Date

Staff/Volunteer Name: _____
(Please print)

Agency Name: Barberton Area Community Ministries (BACM)

CIVIL RIGHTS TRAINING FOR VOLUNTEERS WHO ASSIST WITH FNS PROGRAMS

- ___ **Goals of civil rights – fairness and equality of treatment and benefit delivery**
- ___ **Legal prohibitions – discrimination is prohibited on the bases of race, color, national origin, age, sex, and disability in special nutrition programs funded by the USDA, Food and Nutrition Service. (The Food Stamp Program and Food Distribution Program on Indian Reservations also prohibit discrimination based on religion and political beliefs in addition to the bases listed above.)**
- ___ **Types of Discrimination – Disparate treatment (intentional), disparate impact (neutral rule impacts disproportionately on a group), reprisal/retaliation against complainant or his/her family, associates or others involved in complaint process or exercising civil rights.**
- ___ **Exceptions - Congress can establish a program that is intended for certain groups of people, and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination or disability discrimination for those who do not meet the age limits.**
- ___ **When do civil rights rules apply – Civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.**
- ___ **Special circumstances**
 - ___ **Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities (e.g. mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.**
 - ___ **Provide other language assistance to persons with limited English proficiency who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances.**
- ___ **Other requirements**
 - ___ **Treat all people with dignity and respect.**
 - ___ **Display the USDA “And Justice for All...” non-discrimination poster in a place where it can be seen by all who visit the premises.**
 - ___ **Include the USDA non-discrimination statement on all materials that mention USDA funded programs and make sure the statement is also on web sites that mention USDA funded programs.**

- _____ **Conduct outreach to insure that potentially eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits.**

- _____ **Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to managers. What happens at the site stays at the site. The exception, of course, is any illegal or inappropriate behavior that should be reported to state or federal officials.**

- _____ **Collect racial/ethnic data (except TEFAP) and use it to target outreach and to assess participation. Make sure individual data are kept confidential. If people refuse to provide, you must code for them based on perception.**

- _____ **Cooperate with State and Federal reviewers. They are required to conduct periodic compliance reviews to help insure that program and civil rights rules are being obeyed.**

- _____ **If there is non-compliance, correction of problems and voluntary compliance is sought. Failure to abide by civil rights rules can lead to loss of Federal financial assistance.**

- _____ **Sexual harassment is prohibited. Do not engage in or tolerate unwanted or unwelcome sexual behavior including jokes, touching, requests for sexual favors, etc. Report violations to management or to state or federal officials.**

- _____ **Advise people who allege discrimination about how to file a complaint. They may write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). In the Midwest Region they may also write to Regional Director, Civil Rights/EEO, 77 W. Jackson Blvd., FL 20, Chicago, IL 60604-3591 or call (312) 353-3353. Almost all complaints are referred to the Chicago office for investigation and are actually investigated by staff from FNS field offices located in the state where the complaint originated.**

- _____ **If conflicts occur, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation.**

- _____ **Follow the platinum rule – treat people the way they would like to be treated (or be aware of what that is)!**

Staff/Volunteer Signature: _____

Date: _____