

To Whom it May Concern,

I would like to introduce you to Voices of Our Youth, a 501(c)(3) nonprofit organization that serves low to moderate income individuals and families within our community by providing them with food, necessities, and resources.



Our mission is to create a culture that embraces the diversity, prosperity, and integrity of every human, while promoting the economic and social well-being of youth, individuals, families, neighborhoods, and communities.

We believe in empowering individuals to advocate for their needs, promoting their strengths and abilities, while providing resources that will educate, and enrich their lives so they can face challenges with integrity and dignity. We make every effort to be a beacon of hope to our community and provide the necessary programs for success.

Our organization cannot do the things we do without the help of generous donors like yourself. No donation is too small, we take donations of new bikes, toys, clothing, general merchandise, cash, nonperishable food, and gift cards for our events and distributions help us to live up to our vision.

Voices of Our Youth's motto is From Services to Solutions.

- ❖ We equip people with the opportunity to develop character traits and skills that enable them to make positive choices when faced with the pressures to conform to risky behaviors.
- ❖ We empower individuals to understand that their voice makes a huge difference in this world and that all ideas are worth exploring.
- ❖ We empower them to increase their motivation and to fuel their own power for change.
- ❖ We encourage people to use their passions for good.

Realizing that people face many obstacles in life, we are giving our clients hope by providing the following resources to help ensure their success:

- ❖ Voices of Hope Distributions
- ❖ Safe Harbor Program
- ❖ Community Outreach
- ❖ Nurturing Voices (Positive Youth Development)
- ❖ Family Engagement
- ❖ Youth Advisory Board
- ❖ Various Support Groups

We rely on the dedication of our enthusiastic volunteer staff and our community partners to achieve our mission and vision. We hope this letter gives you an understanding of who we are, what we do and why we do it. For more information, please visit our website at <http://voicesofouryouth.org>. Thank you for your time! If you have any questions, please feel free to call us at (661) 622-3223.

Van Roberts,

A handwritten signature in black ink, appearing to read 'Van Roberts'.

CEO, Voices of Our Youth



Application

Organization: _____

Organization President/CEO Name: _____

Website: _____

Contact Name: _____

Address: _____

City, State and Zip: _____

Telephone: _____ Cell Phone: _____

Fax: _____ E-Mail: _____

Is your organization a 501(c)(3) Corporation? Yes No
 If yes, please provide # _____ Date: _____

We will need a copy of your 501(c)(3) paperwork for our records before your application can be approved.

ACCURATELY provide the following information (check all that apply).

<p><u>Organization Type</u></p> <p><input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> Food Bank</p> <p><input type="checkbox"/> Shelters</p> <p><input type="checkbox"/> Seniors</p> <p><input type="checkbox"/> Disaster Response</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Religious (church)</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>	<p><u>Number of Paid Staff</u></p> <p><input type="checkbox"/> 0-4</p> <p><input type="checkbox"/> 5-9</p> <p><input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25+</p>	<p><u>Number of Volunteers</u></p> <p><input type="checkbox"/> 0-9</p> <p><input type="checkbox"/> 10-24</p> <p><input type="checkbox"/> 25-49</p> <p><input type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100+</p>
<p><u>Annual Operating Budget</u></p> <p><input type="checkbox"/> \$0-\$999</p> <p><input type="checkbox"/> \$1,000-\$9,999</p> <p><input type="checkbox"/> \$10,000-\$49,999</p> <p><input type="checkbox"/> \$50,000-\$99,999</p> <p><input type="checkbox"/> \$100,000-\$249,999</p> <p><input type="checkbox"/> \$250,000-\$499,999</p> <p><input type="checkbox"/> \$500,000-\$999,999</p> <p><input type="checkbox"/> \$1 Million+</p>	<p><u>Funding Sources</u></p> <p><input type="checkbox"/> Churches</p> <p><input type="checkbox"/> Federal Government</p> <p><input type="checkbox"/> Individuals</p> <p><input type="checkbox"/> Social Service Agencies</p> <p><input type="checkbox"/> State Government</p> <p><input type="checkbox"/> Corporations</p> <p><input type="checkbox"/> Foundations</p> <p><input type="checkbox"/> Local Government</p> <p><input type="checkbox"/> Program Fees</p> <p><input type="checkbox"/> Grants</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	



Do you charge for any of your programs (membership fees, service charges, dues)? Y N
Amount \$ _____

Families your organization feeds per week: _____ Geographical area of service: _____

List other organizations you provide products to:

Are you currently getting USDA? Y N From where? _____

What sources are you currently using to meet your needs (list the percentage met by each source)?
Please list **ALL** sources and percentages:

Voices of Our Youth _____	% _____
_____	% _____
_____	% _____
_____	% _____
_____	% _____
_____	% _____

Accurately provide the following information on population served and percentage of annual family income:

Population	Annual Family Income
% _____ African American	% _____ \$0-\$14,999
% _____ Asian	% _____ \$15,000-\$24,999
% _____ Caucasian	% _____ \$25,000-\$49,999
% _____ Latino	% _____ \$50,000-\$74,999
% _____ Native American	% _____ \$75,000-\$99,999
% _____ Pacific Islander	
% _____ Other	

As an authorized representative of the above organization, I have completed this form with information, accurate and correct to the best of my knowledge.

Organization: _____ Date: _____

Position: _____

Signature: _____ Printed Name: _____





Application (continued)

Please read and initial each space below indicating that you have read, agreed to, and comply with the conditions expressed.

I _____ assert in writing that: _____
(Representative Name and Organization)

_____ I understand that **Voices of Our Youth** is under no obligation to provide any product or service to me or my organization.

_____ I also understand that **Voices of Our Youth** is an all-volunteer organization. I understand that my organization might experience temporary or permanent cessation of supply.

_____ Further, I understand that **Voices of Our Youth** offers all products and services at no charge, and there are neither membership nor fees. I've not been asked to pay any fee or charge by **Voices of Our Youth**.

_____ However, to participate in any of **Voices of Our Youth's** programs, it may be necessary to provide my organization's volunteers, vehicles, or facilities, or all three, at no cost or obligation to **Voices of Our Youth**. The purpose of these provisions would ONLY be to facilitate the sorting, packing, delivery, or distribution of food and merchandise or related products for the good of those in need, in the area we serve or elsewhere in **Voices of Our Youth's** service area.

_____ Should I, or my organization be receiving no-charge goods and services and then for whatever reason, be unable to assist with the above stated voluntary help, **Voices of Our Youth** would be under no obligation to provide the services formerly performed voluntarily by myself or my organization, nor the goods themselves.

_____ Furthermore, I understand that NO food and/or merchandise received from **Voices of Our Youth** may not be sold, nor may any fee be required in conjunction with its distribution. Violation of this clause will precipitate my organization's immediate permanent termination from all programs of **Voices of Our Youth**.

_____ I also agree to allow **Voices of Our Youth** to list my organization with its logo on their website as a Collaborator, Friend or Supporter of **Voices of Our Youth**.

As an authorized representative of the above organization, I have completed this form with information, accurate and correct to the best of my knowledge.

Organization: _____ Date: _____

Position: _____

Signature: _____ Printed Name: _____





Policies and Procedures Requirements

Please read and initial each space below indicating that you have read, agreed to, and comply with the conditions expressed.

I _____ assert in writing that:

(Representative Name and Organization)

_____ Ministries and Organizations that receive products from **Voices of Our Youth** will not receive more than 4 pallets from any given truckload.

_____ Ministries and Organizations that receive products from **Voices of Our Youth** agree to only give it to individuals and families; they will not give it to other ministries and organizations.

_____ Individuals and families will not receive **Voices of Our Youth** products by the case, and they should not receive **Voices of Our Youth** products by the case from any other ministry or organization that receives products from **Voices of Our Youth**. For example, we do not give cases of drinks to one person or family.

_____ Every ministry and organization that receives products from **Voices of Our Youth** has completed an application; has been approved to receive products from us; and has signed the Product Stewardship Commitment.

_____ We have on file and readily accessible for audit purposes, an original and approved application, and an original and signed Product Stewardship Commitment along with a copy of the 501c3 paperwork for every ministry or organization that receives products from **Voices of Our Youth**.

_____ **Voices of Our Youth** may make unannounced visits at any time to your ministry or organization to verify compliance with these policies and procedures.

_____ **Voices of Our Youth** reserves the right to stop giving product to your ministry or organization at any time.

_____ Products received from **Voices of Our Youth** may not be shipped internationally.

As an authorized representative of the above organization, I have completed this form with information, accurate and correct to the best of my knowledge.

Organization: _____ Date: _____

Position: _____

Signature: _____ Printed Name: _____





Product Stewardship Commitment

Please read and by signing below you agree to and will comply with the conditions expressed.

Product donated to Voices of Our Youth:

_____ May not be priced, sold, bartered, or exchanged for cash, other products, services or considerations with any individual or group as a strict condition of such donation.

_____ May not be used for fundraisers, flea markets, thrift store sales or food share cooperative programs.

_____ Is never to be shipped internationally for any reason.

_____ Product may not be given to individuals by the case. Example: You cannot give a case of drinks to Mr. Smith.

_____ The policy of **Voices of Our Youth** is to aggressively protect its donors from the downstream sale, barter or exchange of donated items. We expect our outreach "partners" (and their associated agencies) to abide by this policy and report partners and/or agencies that do not comply.

_____ **Voices of Our Youth** takes such reports very seriously. All reports are investigated, and appropriate action is taken regarding any partner who barter, sells, or exchanges donated product, to include the elimination of any such partner from the distribution list of **Voices of Our Youth**.

_____ Partnering organizations should realize that violations of this policy can result in companies no longer donating food and merchandise to **Voices of Our Youth**.

As an authorized representative of the above organization, I have completed this form with information, accurate and correct to the best of my knowledge.

Organization: _____ Date: _____

Position: _____

Signature: _____ Printed Name: _____





Rules and Regulations

Please read and initial each space below indicating that you have read, agreed to, and comply with the conditions expressed.

I _____ assert in writing that: _____
(Representative Name and Organization)

_____ All ministries and organizations **must** call **Voices of Our Youth** to schedule an appointment. If you are **not able** to keep your appointment for any reason, you need to call within 24 hours to cancel; otherwise, a **\$50.00 fee** will be required to restock your load.

_____ NO ONE IS ALLOWED TO ENTER THE BACK-OFFICE AREA!!! If you have an appointment, please check in and wait until you are announced.

_____ When arriving to **Voices of Our Youth** all recipients must first drive their vehicle to the front and sign in, give your donation, and receive a vehicle pass. This will allow your vehicle into the loading zone. NO recipient can walk into the warehouse at any time without an escort. NO EXCEPTIONS!!!

_____ Absolutely NO children are allowed inside the warehouse! If you must bring your children with you, always keep them with you. NO EXCEPTIONS!!! If your child is found roaming the premises or without supervision, you may be asked to re-schedule your pick-up or you may be disqualified from our program altogether.

_____ Recipients are prohibited from loitering in the warehouse, which means no walking around the warehouse; you must wait with your vehicle until loaded. NO EXCEPTIONS!!!

_____ There is NO looking through boxes!!! If you have a special need, please report your need to the management and they will let one of the warehouse supervisors know. We cannot guarantee any items, nor can we secure a product, if we are able to supply your need then we will do our best to provide it to you when requested, but this does not constitute a guarantee of that item.

_____ Recipients are allowed one load per pick up unless arrangements are made with management prior to pick up, otherwise 1 pickup will be enforced. Double pickups are for those recipients who are transporting merchandise in small vehicles such as passenger cars: Recipients transporting in trucks **do not** qualify for double pickups. If your ministry or organization requires more than one pickup per week, then arrangements will have to be made with management.

_____ Recipients are responsible for all food and merchandise once it has been delivered and exchanged hands. This includes distribution and removal of unwanted items.

As an authorized representative of the above organization, I have completed this form with information, accurate and correct to the best of my knowledge.

Organization: _____ Date: _____

Position: _____

Signature: _____ Printed Name: _____





Liability Release

I, the undersigned _____, hereinafter called the "RECIPIENT", hereby warrants that the liability release herein contains will apply each and every time assorted food and merchandise is received from **Voices of Our Youth**, hereinafter called the "PROVIDER". RECIPIENT warrants to duly inspect assorted donated food and merchandise upon acceptance so as to determine its fitness for human consumption and use.

PROVIDER and RECIPIENT mutually agree that:

_____ Assorted food and merchandise distributed by PROVIDER is accepted "as is" and there have not been expressed warranties in relation to any and all donated food and merchandise.

_____ PROVIDER and its original donors expressly disclaim all implied or expressed warranties of merchantability of all donated food and merchandise or its fitness for any particular use, including but not limited for human consumption.

_____ RECIPIENT releases **Voices of Our Youth**, and all other entities in food or merchandise, further agrees to hold the PROVIDER harmless from and against all and any liabilities, damages, losses, claims, causes of action and lawsuits or in equity or obligation whatsoever arising out of or attributed to an action of **Voices of Our Youth**, its personnel, employees, donors, volunteers, in connection with picking up, storage, and use of donated food or merchandise;

_____ The RECIPIENT shall not sell or offer said food or merchandise for sale directly or indirectly. Any sale or offer to sell will terminate the RECIPIENT'S privilege to further participate in receiving products from PROVIDER.

_____ The undersigned further warrant to hereby release, forever discharges and agrees to hold harmless the PROVIDER, its director, employees, or persons assisting in the food or merchandise distribution from all liability, claims, or demands for expenses, or any nature whatsoever which may be incurred by the undersigned while participating in receiving or distributing food or merchandise. Furthermore, agreeing to be on the premises while picking up food or merchandise, as well as to any member of my family or other person brought on the premises by me.

_____ The undersigned further releases PROVIDER, DIRECTORS, et al. any matter pertaining to PROVIDER known or unknown including but not limited to the usage of an image by photograph or otherwise.

As an authorized representative of the above organization, I have completed this form with information, accurate and correct to the best of my knowledge.

Organization: _____ Date: _____

Position: _____

Signature: _____ Printed Name: _____

