

# It starts with me! <sup>4</sup>

*Every box lifted, every bag packed,  
every corner swept, eliminates hunger*



## Volunteer Application Form

All volunteers must be 14 years or older (14 and 15 year olds need a written parent permission emailed to [cali@orcasislandfoodbank.org](mailto:cali@orcasislandfoodbank.org)).

### Personal Information

Full Name	Pronouns
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Address

Phone	Email
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Emergency Contact Name	Email
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What made you interested in volunteering at the Orcas Island Food Bank?

### Volunteer Type

- ☐ Bagging  
\*Requires de-escalation skill building.  
See Volunteer Hero Safety Guide #12
- ☐ Back of house  
\*Requires lifting training  
See Volunteer Participation and Release

### Physical Volunteer Shift Duties

Requires lifting weights from 1 - 50 pounds, standing, walking, working in various temperatures throughout every season, packing and repacking food, sorting food, sweeping, washing dishes and general cleaning.

I can complete the essential functions of the job with or without accommodation

- ☐ Yes
- ☐ No

\*If you have questions or want to discuss accommodations, please email [cali@orcasislandfoodbank.org](mailto:cali@orcasislandfoodbank.org)

Can you commit to at least 3 months as a volunteer:

- ☐ Yes
- ☐ No

Do you need volunteer hours  
If yes check all that apply:

- ☐ School
- ☐ Community Service
- ☐ Other: \_\_\_\_\_

Please be prepared to talk about your availability during Food Bank Hours:  
Monday 11 am - 7 pm, Tuesday 11 am - 7pm,  
Thursday 11 am - 7 pm, Friday 11 am - 7 pm

### Conditions of Volunteer Participation and Release from

**Liability:** I ACKNOWLEDGE AND AGREE that I am not obligated to perform the volunteer services herein applied for and that the Orcas Island Food Bank is not obligated to assign, or actively seek to assign me for placement. If accepted as a volunteer, I agree to abide by the rules and policies of Orcas Island Food Bank.

I release and hold harmless OIFB, its staff, board, and affiliates from any and all liability related to my participation.

**Medical Treatment:** In the case of a medical emergency in which I am unable to act on my own behalf, I give permission for the Orcas Island Food Bank staff to provide or arrange emergency care for me and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician. I further understand that Orcas Island Food Bank is not responsible for payment of such medical treatment and does not provide health or medical insurance for volunteers. I assume full responsibility for any risks, injury, or illness arising from my volunteer work.

**Photograph Permission:** I give permission to WSD and Orcas Food Bank to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Orcas Island Food Bank programs.

**Dress Code Policy:** Our organization is committed to fostering an inclusive and respectful environment for all employees, clients, and community members. To maintain a professional and welcoming atmosphere, we ask that all staff attire aligns with the following guidelines:

- **Coverage:** Clothing should adequately cover the chest, midriff, and undergarments to ensure a comfortable environment for everyone.
- **Professionalism:** Attire should be appropriate for the workplace setting and not distract from the organization's mission and services.
- **Safety:** Clothing should be suitable for the tasks performed and not pose safety hazard

**Closed-Toe Shoe Policy:** For the safety of all staff and volunteers, closed-toe and closed-heel shoes are required when performing tasks that involve:

- Lifting or moving heavy items
- Using equipment (e.g., carts, pallet jacks)
- Working in storage, warehouse, or delivery areas
- Shoes must be sturdy and protective (e.g., sneakers, work shoes, boots). Open-toed shoes, sandals, or soft-soled indoor footwear are not permitted in these areas.
- If you need an accommodation for medical, cultural, or religious reasons, please contact your supervisor or the Executive Director.

**Confidentiality:** I agree to keep all information about customers, staff, and operations confidential during and after my volunteer service. Sharing confidential information may result in dismissal or legal action.

### Volunteer Terms:

- I have received a copy of Orcas Island Food Banks' Volunteer Safety Manual, I agree to the Orcas Island Food Banks' Volunteer Policies & Rules, including but not limited to:
- I will refrain from using homophobic, racist, sexist, and otherwise derogatory language.
- I will disclose any potential dual relationships or other conflicts of interest to management.
- I will refrain from imposing moral, religious, or political beliefs on program participants including personal space and property, of clients including no un-consented hugging or touching of program participants.
- I will not use alcohol and/or other drugs in the presence of clients, and I will not volunteer while I am under the influence of alcohol or drugs.
- I will respect the differences of opinion which may arise between myself and other volunteers. If I disagree with the way a situation is handled, I will not interfere, but will discuss my concerns with the Volunteer Manager and/or others on the management team when it is over.
- I will notify the Volunteer Manager immediately about any issues with clients, threats of harm, violence, drug activity, and policy violations.
- I acknowledge that my shift is an essential part of the food bank and I am willing to take on the responsibility.
- I will let the Volunteer Manager know in advance via email or phone if I am unable to make it to my shift.
- I will adhere to the Orcas Island Food Bank volunteer shift schedule for my shift hours.
- I will avoid working shift areas until my schedule shift begins unless otherwise invited by the Volunteer Manager
- If I take an absence from my shift for longer two weeks I understand that my preferred shift hours might no longer be available upon my return. Please note we operate on the majority of Washington state L&I observed holidays.
- I will not provide monetary gifts or transport an Orcas Island Food Bank customer in my personal vehicle. If a customer requests a ride or assistance, I will politely and respectfully decline the request and notify Orcas Island Food Bank management.
- I understand and agree that my volunteer work for Orcas Island Food Bank is entirely unpaid, carries no employment relationship or benefits, and involves assumed risks for which I release OIFB from all liability, including medical emergencies and related costs.

Full Name:

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Signature:

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Date:

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## Annual Civil Rights Training

For Frontline Staff / Volunteers / Managers who assist with The Emergency Food Assistance Program (TEFAP)  
and / or the Commodity Supplemental Food Program (CSFP)

### Section 1 — All Frontline Staff, Volunteers, and Program Managers

- ☐ **Goals of Civil Rights** — Fairness and equality of treatment and benefit delivery.
- ☐ **Types of Discrimination** — Disparate treatment (treating a person differently from others); 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 the eligibility requirements. For example, Congress can set age limits and this is not age discrimination for those who do not meet the age limits.
- ☐ **When Do Civil Rights Rules Apply?** Federal 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 commodity foods, training, equipment, and other goods and services.
- ☐ **Legal Prohibitions** — The policy of WSDA Food Assistance is to not discriminate against any class of persons in all services to clients. WSDA expects local programs to provide food to every person who seeks it, regardless of their status as a member of any class of persons. Any Lead Agency that directly or through a Sub Agency is found after investigation to be discriminating against any class of people is at risk of termination from the program.
- ☐ **Federally Protected Classes** — Under federal law, specific classes of persons have a right to file a federal discrimination complaint with USDA if a local program using federal resources discriminates against them. Under federal law, for the purposes of TEFAP and CSFP, the protected classes under which a client may file a discrimination complaint are: race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- ☐ **Washington's Protected Classes** — Washington's nondiscrimination law includes the above protected classes as well as: citizenship or immigration status, families with children, marital status, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.
- ☐ **Filing a Federal Civil Rights Complaint** — Advise people who allege discrimination based on one or more of the federally protected classes listed above on how to file a complaint by using the USDA Program Discrimination Complaint Form (AD-3027), found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

USDA  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, DC 20250-9410  
(202) 690-7442; or  
Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

USDA is an equal opportunity provider.

- ❏ **Filing a State Discrimination Complaint** — Advise people who allege discrimination based on one or more of the state-protected classes of people listed above that they may file a discrimination complaint with the Washington State Human Rights Commission. A description of the processes and a link to the forms are online and can be found at: <https://www.hum.wa.gov/file-complaint>.
- ❏ **Verbal Complaints** — In the event that a complainant makes the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made must write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
- Name, address, telephone number, or other means of contacting the complainant.
  - Specific location and name of the state agency, local agency, or other sub-recipient delivering the service or benefit.  
Nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants.
  - Basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, age, disability, or sex.
  - Names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action.  
The date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.
- ❏ **Additional Nondiscrimination Laws** — In addition to federal and state law, local programs may be subject to city or county nondiscrimination laws. Programs should check with their local government to confirm whether there are any local nondiscrimination laws. Agencies must comply with local laws.
- ❏ **Maintain Confidentiality** — Do not talk about or make remarks about people receiving benefits. Never share information with others even if your intention is to help recipients with other services or assistance. Refer all requests for information about recipients from other agencies or programs to managers. Always get a recipient's written approval to share their information or make referrals on their behalf. What happens at the site stays at the site. The exception, of course, is any illegal behavior that should be reported to local, state, or federal officials.
- ❏ **Cooperate with State and Federal Reviewers** — USDA and Washington State Department of Agriculture are required to conduct periodic compliance reviews to help ensure compliance with program and civil rights rules.
- ❏ **Local Agencies Must Take Action** — Local agencies must accept and process all complaints (program, vendor, or civil rights) received by the agency regardless of whether the complaints are written, verbal, or anonymous. Details for filing complaints are outlined in Section XV of the [FNS Instruction 113-1](#). The complaint may be sent directly to:
- Food and Nutrition Service Civil Rights Division (CRD)  
3103 Park Center Drive  
Suite 808  
Alexandria, VA 22302
- ❏ **Corrective Action for Non-Complying Agencies** — If there is noncompliance with federal nondiscrimination law by a Lead Agency or Sub Agency, the state agency will file a report with the FNS Regional Administrator at USDA and will immediately seek correction of the violation by voluntary compliance. Failure of a Lead Agency or Sub Agency to correct any non-compliance with civil rights rules may lead to legal actions and termination from the federal programs TEFAP and CSFP, as applicable.
- ❏ **Services for People with Disabilities** — Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 (English) or (800) 845-6136 (Spanish).
- ❏ **Sexual Harassment is Prohibited** — Do not engage in or tolerate unwanted or unwelcomed sexual behavior, including jokes, touching, request for sexual favors, etc. Report all violations to your manager, or the Washington State Human Rights Commission, or the U.S. Equal Employment Opportunity Commission.

- ❑ **Response to Conflicts** — If a conflict occurs, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation if there is no immediate resolution.
- ❑ **Treat all People with Dignity and Respect** — Follow the golden rule and treat people the way you would like to be treated.

## Section 2 — All Program Managers Responsible for Client Services Must:

- ❑ **Conduct Outreach** — to ensure that potential 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. Ensure that your agency gives recipients information on what constitutes discrimination and how to file discrimination complaints at the time that they apply for services.
- ❑ **Make Sure People with Disabilities are Accommodated** — Sites should be accessible to people with all types of disabilities (e.g., mobility, sight, hearing, etc.) or alternate means of service delivery should be advertised and provided.
- ❑ **Provide Language Assistance** — to persons with limited English proficiency (LEP) who could not gain meaningful access to the program without language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances.
- ❑ **Display the USDA "And Justice For All" Nondiscrimination Poster** — in a place where it can be seen by all who visit the premises. Only display original posters; no photocopies.
- ❑ **Include the USDA Nondiscrimination Statement** — on all materials that mention USDA funded programs and make sure the statement is also on websites that mention USDA funded programs.
- ❑ **Display both the USDA Nondiscrimination Statement and Current Income Guidelines** — at the point (location) of client intake, for TEFAP, and during the application process for CSFP. The full USDA Nondiscrimination Statement is available in additional languages on the Food and Nutrition Service Website at: <https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>.
- ❑ **Ensure Documentation & Reporting of All Civil Rights and Nondiscrimination Complaints** — Your agency must inform the WSDA's Food Assistance Program Manager of any complaints and violations, regardless of the type (program, civil rights, or USDA food) using one of the WSDA Food Assistance complaint forms.
- ❑ **Collect Racial and Ethnic Data** — in CSFP and use it to target outreach and to assess participation.
- ❑ **Make Sure Individual Data is Kept Confidential and Secure.**
- ❑ **Additional Information** — can be found in [FNS Instruction 113-1](#) regarding Civil Rights Compliance and Enforcement.

**I certify that I have read and understood the content of this civil rights training. I agree to follow the civil rights instructions as listed above.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**Washington**  
State Department of  
Agriculture

Communications Office  
PO Box 42560  
Olympia, WA 98504-2560  
(360) 902-1815  
[pio@agr.wa.gov](mailto:pio@agr.wa.gov)

## Photograph / Video Release Agreement

### Individual Release Agreement

I, \_\_\_\_\_ hereby give my consent to the Washington State Department of Agriculture (WSDA) and its partner organizations to use any photographs / video containing my image in non-commercial promotion or education activities and media including: the WSDA website and other electronic media, WSDA publications, Public Service Announcements (televised and print), news reports and feature stories, public awareness efforts, social media, and other related materials. I waive all claims to compensation for such use.

### Parent or Guardian Release Agreement (if person under age 18)

I, \_\_\_\_\_ am the legal guardian of \_\_\_\_\_ and hereby give my consent to the Washington State Department of Agriculture (WSDA) and its partner organizations to use any photographs / video containing his / her / their image in non-commercial promotion or education activities and media including: the WSDA website and other electronic media, WSDA publications, Public Service Announcements (televised and print), news reports and feature stories, public awareness efforts, social media, and other related materials. I waive all claims to compensation for such use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you have any questions about this release agreement,  
please call the WSDA Communications Office at [pio@agr.wa.gov](mailto:pio@agr.wa.gov)**

## Opt Out of Photo Releases

The following two pages are photo releases. You are not required to sign them if you do not wish. If you would like to opt out of having your photo shared, please sign on the line below.

If you have any questions about how photos might be used, please free to ask a staff member.

I do not consent to have my photo shared by either the Orcas Island Food Bank or the Washington State Department of Agriculture.

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

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