



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: _____

Email address: _____

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 considering 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"/> 1PM – 4PM	<input type="checkbox"/> 9A – 12P <input type="checkbox"/> 9A - 12P <input type="checkbox"/> 12 P - 5P	<input type="checkbox"/> 9A – 12P <input type="checkbox"/> 1PM – 4PM	<input type="checkbox"/> 9A – 12P <input type="checkbox"/> 9A - 12P <input type="checkbox"/> 12 P - 5P

Additional Questions and Documentation:

How did you hear of BACM’s Volunteer Program? _____

Signature: _____ Date: _____

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 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 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 hereby releases and forever discharges BACM from any claim which arises or may arise due to 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 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 if 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

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: _____