

# South Benton County Gleaners 2020 Member Application

PO Box 343, Monroe OR 97456

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Gleaner \_\_\_\_\_ Adoptee \_\_\_\_\_ AdoptDeliv \_\_\_\_\_ Volunteer \_\_\_\_\_ Vet \_\_\_\_\_ Fish \_\_\_\_\_ Wood \_\_\_\_\_

## The Gleaning Program Income Guidelines

The income guidelines only apply to members who will be receiving wood and food

In order to receive donated food or wood, you must have a household income equal to or below 200% of the poverty income guidelines set for Oregon. This chart will help you determine whether or not you are income eligible to join a gleaning group. This food is made available through Linn Benton Food Share, Oregon Food Bank, and Sweet Home Gleaners, Inc. Financial donations are gladly accepted and it helps with the cost incurred in acquiring the food, for the building, and utilities. In accordance with IRS regulations, your ability to pay or donate does not affect the food you receive. "It is illegal to withhold food from members for inability to pay dues of donations."

FAMILY SIZE	Monthly Income	Annual Income
1	\$3,190	\$38,280
2	\$4,310	\$51,720
3	\$5,430	\$65,160
4	\$6,550	\$78,600
5	\$7,670	\$92,040
6	\$8,790	\$105,480
7	\$9,910	\$118,920
8	\$11,030	\$132,360
add per person	\$1,120	\$13,440

## Nondiscrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and /or employment activities.)

IF you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Compliant Form, found online at <http://www.ascr.usda.gov/complaintfilingcust.html> or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington DC 20250-9410, by fax (202) 690-7442, or email at <mailto:program.intake@usda.gov>

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider.

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Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: (If different) \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Message Phone: \_\_\_\_\_

Best Means of Contact (Circle all that apply): Email Text Call (Text will be group texting)  
Check One: New Applicant \_\_\_\_\_ Renewal \_\_\_\_\_ (Optional) Nationality \_\_\_\_\_

Who can we contact if you are injured while volunteering?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Have you ever belonged to a Gleaning Group before? Check one: Yes: \_\_\_\_\_ No \_\_\_\_\_

If checked yes, what was the name of the group? \_\_\_\_\_

*It is illegal withhold food from members for inability to pay dues or donations*

**Household Member Information**

Will you be receiving food? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be receiving wood? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to receiving food and/or wood, I affirm that my household qualified to receive food or wood under the income guidelines on page 1. (Initial) \_\_\_\_\_

Can you volunteer 2-3 hours a week? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want fish? Yes \_\_\_\_\_ No \_\_\_\_\_

Total number of people in household (include both adults and children): \_\_\_\_\_ Number under 18: \_\_\_\_\_

Number of Diabetics (Optional): \_\_\_\_\_ Number of veterans in the household? (Optional) \_\_\_\_\_

**Please list household members' names and birthdates**

Name	Birthdate	Name	Birthdate

What other gifts would you like to bring to this organization or are there other things you would like to tell us about your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Availability and Skills

South Benton County Gleaners is a self-help community group that utilizes the gifts and talents of all its members, volunteers and work programs to accomplish our mission. Our success depends on everyone helping in whatever way they can. Please check all the talents and skills you have.

**Please answer the following Questions:**

Can you help on Gleans?  Yes  No

Can you help with transportation to glean?  Yes  No

Can you drive to pick up food from donors?  Yes  No

If you can drive or pick up from donors, please circle all that apply: Car SUV Truck Trailer Van

Accounting	Filing/Typing	Management	Stocking
Canning	Forklift Operator	Marketing	Tax Preparations
Cooking/Baking	Gardening	Phone Others	Unloading
Computer	Journalism	Secretarial/Clerical	Visit Others
Delivery	Maintenance	Store Clerk/Cashier	Warehouse

### Availability for volunteering

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8:30 a.m.							
9:00 a.m.							
9:30 a.m.							
10:00 a.m.							
10:30 a.m.							
11:00 a.m.							
11:30 a.m.							
12:00 p.m.							
12:30 p.m.							
1:00 p.m.							
1:30 p.m.							
2:00 p.m.							
2:30 p.m.							
3:00 p.m.							
3:30 p.m.							
4:00 p.m.							
4:30 p.m.							
5:00 p.m.							
5:30 p.m.							
6:00 p.m.							

**This institution is an equal opportunity provider**

**South Benton County Gleaners** is designated a non-emergency food provider. We are not an emergency food provider. We are a self-help organization made up of low-income people dedicated to helping our families and others through working together. **South Benton County Gleaners** does not have paid staff. **Members are required to: Attend the annual voting meeting, pay \$5.00 monthly dues, if possible, volunteer 8 hours a month and are required to go on a minimum of one glean a year.** Adoptee's do not have to perform volunteer hours but are encourage to participate. \*\* Does not apply to volunteers.

**(Initial)** \_\_\_\_\_

I understand that **South Benton County Gleaners** is designed to allow me the opportunity to pick left over crops from farmers' fields or obtain firewood in a similar manner, and I must treat donor's property with respect and care. I understand the crops and wood we receive are a generous donation. **(Initial)** \_\_\_\_\_

**South Benton County Gleaners** does not receive funding from outside sources. We are self-supporting through fund-raising, donations, dues (if applicable) and grants. Everyone is a volunteer, there are no paid positions.

**Waiver of Liability:** I, \_\_\_\_\_ acknowledge and agree that Gleaning group activities shall be at my sole risk. I acknowledge and agree that Linn Benton Food Share, affiliate locations, including but not limited to retail store donors and donor's property shall not be held liable for legal claims, demands, injuries, damages, actions, or cause of action whatsoever, to person or property arising out of or connected with participation on **South Benton County Gleaners** properties or other offsite activities.

**Sign Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Customer Service & Confidentiality

### **Customer service pledge:**

I recognize that people coming for food are possibly in a stressful situation by the time they reach our doors.

- I will strive to always provide a pleasant, healthy, welcoming environment for them.
- I will treat people with dignity and respect, including store customers.
- I will honor our members' privacy.
- I will treat my fellow volunteers with respect and work as a member of the team.
- I will call or email South Benton County Gleaner's coordinator when I commit to volunteering and cannot make it for some unforeseen circumstance.
- I will follow the By-Laws, Policies, and Procedures of South Benton County Gleaners.
- I will follow the policies and procedures of any organizations that South Benton County Gleaners is affiliated with.

### **Client & Staff Confidentiality:**

What you hear or observe about clients, staff, and donors while volunteering is confidential. Even a seemingly harmless comment repeated to another person can be misunderstood and cause harm. In order to create a safe and respectful environment, we ask that volunteers honor this request to keep client information confidential.

### **Volunteer Agreement:**

I understand that my services are being offered to South Benton County Gleaners on a volunteer basis. I pledge to create an environment of courtesy and respect for all who enter our doors and to keep all information heard or observed about members, volunteers, and donors confidential. While volunteering services, I am bound by laws and policies which protect the privacy of client information. I agree to keep this information in the strictest confidence and understand that failure to do so may result in my being denied the opportunity to participate and remain a member.

I have read South Benton County Gleaners By-laws and Policies. I agree to follow the By-laws and policies of South Benton County Gleaners.

Printed Name: \_\_\_\_\_

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

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# Linn Benton Food Share & Community Services Consortium

## PARTICIPANT RELEASE FORM

I authorize Community Services Consortium (CSC) and those acting pursuant to its authority, to:

- (a) Record my participation and appearance on videotape, audiotape, film, photograph, CSC's web site blog or other social media or record in any other medium.
- (b) Use my name, likeness, voice and biographical material in connection with these recordings.
- (c) Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose that Community Services Consortium and those pursuant to its authority deem appropriate.
- (d) To reproduce and distribute printed material using my name and likeness for educational or promotional purposes.
- (e) Waive any right I might have to inspect and/or approve the finished medium or the use to which it may be applied. I acknowledge Community Services Consortium's right to crop or treat the medium at its discretion.

I represent that I am at least 18 years of age and that I have read the above and fully understand the above paragraph and knowingly and voluntarily execute this release.

Name: \_\_\_\_\_

Address \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent/Guardian Signature (if under 18) \_\_\_\_\_

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

Address \_\_\_\_\_

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