



The Gleaning Network  
PO BOX 5214  
Central Point OR. 97502  
(541) 665-1500

Team:

Team Leader:

Date Paid (1st SEM):

Date Paid (2nd SEM):

ADOPTEE

or GLEANING REGISTRATION

Name:

Spouse Name:

Mailing Address:

Residence:

Age Group  Under 30  30-50  50-65  65-75  Over 75

Phone:

Work/message Phone:

Monthly income:

Total # in Household:

# Adults:

# Children (under 18):

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### Work I Can Do

Distribution center (DOC)

Gleaning in the Fields

Hauling  Sorting

Team Leader

Assistant Team Leader

### I Need

Food  Canning Supplies

Transportation

Food Delivery

Food Preservation Info

Other \_\_\_\_\_

## ADOPTEE

An ADOPTEE is a low-income person who is unable to pick from the field. The Gleaner may be a friend or relative who is already enrolled in the program, BUT THE GLEANER MAY NOT BE A MEMBER OF THE ADOPTEES HOUSEHOLD. If you do not already have a Network Gleaner, your Team Leader or The Gleaning Network staff will assign someone who lives near you. If no Gleaner is available, you may be asked to pick up food from our local distribution center (DOC) I understand that none of the food gleaned or recieved from The Gleaning Network may be sold or traded for other purposes.

Our adoptees are valued members in The Gleaning Network. There may be times when you would be able to do in-house or other non-taxing work. WE ENCOURAGE YOU TO BE AS ACTIVE AS POSSIBLE!

I do hereby expressly agree that all activities in connection to The Gleaning Network Inc. shall be at my sole risk and that neither The Gleaning Network nor the growers or businesses involved shall be liable for any claims, demands, injuries, damages, actions, or cause of actions whatsoever, to the person or property arising out of or connected with participation in the activities of The Gleaning Network.

I DO HEREBY CERTIFY THAT I AM NOT ABLE TO PICK FROM THE FIELDS DUE TO DISABILITY

I acknowledge that the Gleaners membership dues are as follows: \$90 per year or \$45 semi-annually. If I join at any time during the semi-annual period I will pay \$30 for that semi-annual period under Membership

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

Date:

## GLEANING

I understand that the above information may be verified and that all financial information is confidential. By joining The Gleaning Network I am agreeing to contribute 50 percent of all that I glean to members of my team not able to work in the fields, and to take any surplus to The Gleaning Network for further distribution. I agree to be responsible for making sure these donations are distributed in a manner that minimizes loss due to spoilage. I understand that none of the food gleaned or recieved from The Gleaning Network may be sold or traded for other purposes.

I also understand that membership to The Gleaning Network requires a minimum of 7 hours per month volunteering. Examples include helping distribution of goods, giving a neighborhood garage sale (as a fundraiser for The Gleaning Network) serving as a team leader, or participating in pick-ups and delivering goods to the distribution center (DOC). I do hereby expressly agree that all activities in connection to The Gleaning Network shall be at my sole risk and that neither The Gleaning Network nor the growers or businesses involved shall be liable for any clais, demands, injuries, damages, actions, or cause of actions whatsoever, to the person or property arising out of or connected with participation in the activities of The Gleaning Network. I do hereby expressly agree to any guidelines in the by-laws of The Gleaning Network. I understand that non-compliance may lead to dismissal from the organization.