

Foodshare Volunteer Information Form

Date: _____

Contact Information (Required)

Name: Mr /Mrs./Ms./Miss/Dr.
Title (circle one) First Nickname Middle Last

Address: _____
Street Apt. City State ZIP

Phone: _____
Home Business Cell Fax Other

Email: _____ May we call you at work? Yes No During what hours? _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Interests and Availability

Are you volunteering: As an individual With a group Name of group: _____
 If with a group: Are you also interested in volunteering with Foodshare on your own? Yes No

Please indicate the types of activities in which you might like to participate.

- | | |
|---|---|
| <input type="checkbox"/> Food Pick Up | <input type="checkbox"/> Reclamation |
| <input type="checkbox"/> Gardening & Gleaning | <input type="checkbox"/> Sort Produce |
| <input type="checkbox"/> Mobile Foodshare | <input type="checkbox"/> Speakers' Bureau |
| <input type="checkbox"/> Office & Mailing | <input type="checkbox"/> Warehouse |

When are you generally available to volunteer?

Days Evenings Saturdays Sundays On-Call (daytime) On-Call (evenings / events)

How regularly? _____ **Specific time limitations?** _____

Court and Community Service Information (Required)

Have you ever been convicted of a felony? Yes No *If yes, you will be asked to provide additional information*

Are you completing a specific number of community service hours for: _____ School/Youth Group Name of school/group: _____
 _____ Court Mandate*

If so, how many hours must you complete? _____ **By what date?** _____

* Foodshare has restrictions on types of court-mandated volunteers it can accept. If completing hours for court, you will need to provide documentation of cause before your first shift. Documentation of hours completed will not be provided without this paperwork.

Background and Statistical Information (Optional)

Gender: Male Female **Marital Status:** _____ **Date of Birth:** _____

Profession: _____ **Professional Skills:** _____

How did you hear about volunteer opportunities at Foodshare? _____

Present or past volunteer jobs: _____

Want to help even more? Many companies and civic organizations match gifts of time and/or money. Also, many grantors are interested in donating to organizations with which their employees, retirees, or members are involved.

Organizations of which you are an employee, retiree, or member: _____

To your knowledge, do any of these organizations provide matching gifts? Which ones? _____

Please also complete the reverse side of this form

Release of Liability (Required)

I certify that I am of lawful age and acknowledge that I have volunteered to help Foodshare, Inc., a Connecticut non-stock corporation having an office at 450 Woodland Ave, Bloomfield, Connecticut 06002 (referred to in this release as "Foodshare"). I acknowledge that I will receive no compensation from Foodshare. I acknowledge that this volunteer work will involve hard work, including bending, stooping, reaching, kneeling, lifting and carrying, and I certify and agree that I am in good health and physically able to perform such work. I acknowledge that this volunteer work may involve risk of injury from such work and I agree that I am helping Foodshare at my own risk.

I agree that, while helping Foodshare, and while being transported to and from the volunteer site if transportation is provided by Foodshare or any of its officers, employees or agents, I will:

- (a) Observe all safety requirements of Foodshare or the property owner where the volunteer work is conducted, and
- (b) Use my best judgment and common sense to avoid injury or damage to myself, all other persons volunteering for Foodshare, all persons on the premises where the volunteer work is being conducted, and all property.

I acknowledge that Foodshare is allowing me to participate in this volunteer work in reliance upon the statements made in this Release and upon the release of possible claims against them that I am providing in this Release. Accordingly, I do hereby, for myself and heirs, executors and administrators, release, acquit, and forever discharge each of Foodshare and the property owners where the volunteer work is conducted and their respective heirs, executors, administrators, successors and assigns, of and from all, and all manner of, actions, causes of action, suits, controversies, damages, judgments, and other liabilities, claims and demands of any nature whatsoever whether in law or in equity, resulting from my volunteer services for Foodshare.

I understand that this release is intended to prevent any and all future legal action or claims which I might have against Foodshare and/or a property owner arising out of my involvement in volunteer work, including travel to and from the volunteer site.

In Witness Whereof, I have signed this Release on this _____ day of _____, 200__.

(Printed Name)

(Parent / Legal Guardian Name)*

(Legal Signature)

(Legal Signature)

** If the volunteer is under age 18, a parent or legal guardian must sign for the volunteer and accept responsibility for his/her supervision.*

I grant full permission to Foodshare to use any photographs, film, video or audio tapes of me performing volunteer work for any purpose Foodshare deems appropriate. _____ Yes _____ No

Please return this form to: John S. Weedon, Volunteer Coordinator.
Foodshare, Inc.
450 Woodland Ave
Bloomfield CT 06002
Phone: (860) 286-9999 / Fax: (860) 286-7860



Volunteer Agreement

Foodshare greatly appreciates the dedicated service of volunteers. We could not exist without you! The following policies have been developed to ensure you a safe, productive and rewarding volunteer experience at Foodshare. Please read and sign at the bottom of the following page.

Foodshare commits to:

- Provide adequate information about Foodshare's mission, work, and opportunities for volunteer and public involvement. Provide extensive and varied opportunities for volunteer involvement in our mission.
- Provide an orientation, training, and supervision. Provide feedback and, when appropriate, opportunities for greater responsibility.
- Treat volunteers as the equal partners they are in Foodshare's fight against hunger and to recognize their efforts accordingly.
- Be receptive to all comments from volunteers regarding ways in which we can better accomplish our mutual mission to end hunger. Work to use volunteer's comments and concerns to better Foodshare's operations and the Volunteer Program.

We ask that volunteers commit to the following policies:

Attendance

Volunteers are required to call ahead to schedule appropriate times to volunteer. They may contact either the Volunteer Coordinator or their supervisor, as seems appropriate. The Volunteer Coordinator can provide a written schedule to volunteers and will provide a schedule to supervisors.

Volunteers are requested to arrive promptly for their volunteer assignment, or notify the Volunteer Coordinator in advance if they are unable to come in at their scheduled time. This will allow Foodshare to plan for your absence or to contact other volunteers.

Volunteers are required to sign-in and -out of Foodshare's volunteer logbook each time they volunteer.

Use of Foodshare Assets

- Confidentiality. All information and data about clients, agencies, volunteers, staff, and donors of Foodshare is strictly confidential and may not be taken or discussed outside the office, or with any unauthorized person.
- Personal Use of items. Food and non-food items are donated to Foodshare for various purposes.
- Products donated for distribution to agencies and clients cannot be used for any other purpose. As a result, volunteers are not permitted to remove donated items from the building for personal use and consumption.
- Any unauthorized removal of Foodshare property or information is theft and is illegal. Foodshare reserves the right to search volunteers, including packages or other items if theft or other serious misconduct is reasonably suspected.

Illness

Volunteering at Foodshare's Regional Market facility includes handling produce that will be served to at-risk and immuno suppressed populations. For that reason we ask and expect that all volunteers are in good health. If you are ill or have been ill recently, please notify your supervisor/group coordinator & reschedule your volunteer service.

Safety

Foodshare maintains a drug and alcohol free work environment in all of its facilities. Volunteers who abuse alcohol or drugs are a danger to themselves and others. They will not be allowed to continue as Foodshare volunteers.

Volunteers are expected to:

- Wear sensible clothing, and closed-toe shoes (no sandals) when working anywhere in the warehouse, Regional Market, or at outside events.
- Immediately report any injuries and/or unsafe conditions or practices to your supervisor.
- Keep eyes and ears open at all times, watching and listening for fork lifts, pallet jacks and other equipment used in the warehouse and the Regional Market.
- Shouting, running or participating in horseplay is not allowed at any Foodshare facility or event. This includes riding or playing on carts or pallet jacks or using warehouse machinery unless properly trained and certified.

Standard Volunteer Hours

Foodshare Bloomfield Office: Monday to Friday 8:00 a.m. to 4:30 pm; Warehouse: Monday to Friday 9:00 a.m. to 4:00 p.m.; Reclamation: Monday, Tuesday, Thursday, Friday 8:00 a.m. to 3:00 p.m.; Wednesday 8:00 to 3:00 & 5:00 p.m. to 7:00 p.m.

Foodshare Hartford: Monday, Tuesday, Wednesday, Thursday, Saturday 8:00 a.m. to 3:00 p.m.; Friday 8:00 a.m. to 12:00 p.m.

Foodshare Garden (summer): Thursday and Saturday 9:00 a.m. to 12:00 p.m.

Gleaning (summer): Days, evenings, and weekends as needed.

Special Events: Days, evenings, and weekends as needed.

Foodshare is closed on the following holidays:

Memorial Day

Thanksgiving

New Year's Day

4th of July

Day After Thanksgiving

Labor Day

Christmas

I understand that Foodshare reserves the right to reassign, reschedule, or to complete a volunteer's term of service, at any time and for any reason.

I certify that I have read and understand the guidelines contained in Foodshare's Volunteer Agreement. I intend to follow the above guidelines and understand that my continued service will be contingent upon my ability to work productively and safely within these guidelines

(legal signature)

(today's date)

(printed name)

Policy on Use

Every volunteer required to sign will be provided with a copy of the complete form. Volunteers are encouraged to bring all paperwork home and to review or have it reviewed in order to ensure their understanding and comfort with guidelines. In addition, in order to ensure that this form is understood by every volunteer, Foodshare's Volunteer Coordinator will review this document with all those required.