

<u>Office Use Only</u>	
Galaxy	Galaxy
DonorP	DonorP
Excel	Excel
Email	Email
File	File
Other _____	

DISTRIBUTION SITE: _____

Please Print

Volunteer's Name _____ Phone _____

Organization/Group _____ Regular Volunteer RSVP Program Court-ordered

Email _____

Home Address _____
Street
City
Zip Code

- I have read and agree to follow the policies and procedures of Westmoreland County Food Bank (WCFB) and its partner agency's established guidelines. WCFB policies and procedures are posted on our website and at volunteer activity sites.
- I agree and understand that in my capacity as a volunteer, I cannot disseminate any information about clients that are served by WCFB or donors that support WCFB.
- I have received Civil Rights Training.
- Volunteers under the age of 14 or with special needs must be accompanied and supervised by an adult. They are not permitted to assist in unloading the truck when a lift gate is being used. Only WCFB personnel are permitted to operate the lift gate.
- Make sure you are physically capable of doing the labor required, when offering to volunteer. There are some positions not so physically challenging available upon request.
- As a safety precaution, open-toed shoes are not permitted. **Dress for the weather, distribution is held outdoors rain or shine.** You must wear appropriate attire, suitable for public viewing. Absolutely, no bare mid-drifts, super short shorts, or any type of seductive clothing allowed.
- Volunteers are not permitted to take any products under any circumstances without prior approval. Any volunteer doing so, can be terminated or even prosecuted by the law. Volunteers that are clients must go through the food line first and take their food to their cars for storage.
- If you have made arrangements for coverage in the local press or plan to have a photographer present, please let WCFB know about this, as soon as possible, prior to your scheduled date. We also request that you provide us with a copy of any kind of press release regarding your volunteering here, prior to its release to the media.
- Please be flexible. There may be times, when shipments might be delayed, sometimes outside of our control, and your volunteer session might need to be postponed or extended. You will be notified as soon as possible. Please make every effort not to cancel. However, if you need to cancel please contact your supervisor immediately.
- It is the right of Westmoreland County Food Bank and its partner agencies to terminate any volunteer for inappropriate behavior or dress, violation of rules, or any action which prevents us from meeting our goals.

I have read and understand the above guidelines: X _____
Volunteer's Signature
Date

Parental Consent required if volunteer is under age 18

_____ has my permission to participate as a volunteer with WCFB.
 (Print name of minor)

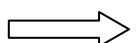
Name (print): _____ Relationship to Child _____ Age of Child _____
 Phone no.: _____

I have read and understand the above guidelines: X _____
Signature of Parent/Legal Guardian
Date

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name (print) _____ Phone _____

Please review these guidelines carefully, then sign and return this form to Volunteer Coordinator.
 Westmoreland County Food Bank, Inc 100 Devonshire Drive Delmont PA 15626
 724-468-8660 westmorelandfoodbank.org FAX 724-468-5894



Volunteer Waiver and Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in events and volunteer activities through Westmoreland County Food Bank, Inc., hereinafter as WCFB, I acknowledge and agree that:

1. I am volunteering to assist WCFB in its events and volunteer activities, including, but not limited to warehouse or office help, packing of food boxes or backpacks, Operation Fresh Express, food pantry distribution, food drives or gleaning programs, collecting and transporting donated food.

2. I acknowledge that participation as a volunteer with WCFB and in its related events and volunteer activities carries with it the risk of death, serious injury, disability and/or property loss. I knowingly and freely assume all risks from my participation in the events and volunteer activities.

3. I hereby release and discharge WCFB, its partner and member agencies, donors, sponsors, the owners and lessors of premises used for the events and volunteer activities, and each of their officers, directors, members, employees, agents, representatives, heirs, successors and assigns (hereinafter collectively referred to as Releasees) from any and all liability, claims or causes of action, of whatever kind, foreseen or unforeseen, including, but not limited to those for personal injury, death, disability, property damage or other harm, arising out of or in any way connected with my participation in the events and volunteer activities, including those caused by the negligent acts or omissions of the Releasees.

4. I further agree to indemnify defend and hold harmless Releasees from any and all claims, causes of action, damages or liabilities of any kind, including the expenses of litigation and attorney's fees, arising out of or in any way connected with my participation in the events and volunteer activities.

5. I understand and agree that this Volunteer Waiver and Release of Liability is binding on my next of kin, heirs, executors, administrators, successors, assigns, personal and legal representatives.

I have read the foregoing Volunteer Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and am voluntarily signing below, intending to be legally bound.

Signature of Volunteer

Date: _____

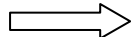
Print Name of Volunteer

If volunteer is under 18, a parent or guardian must also sign this Volunteer Waiver and Release of Liability.

I, as parent or guardian with legal responsibility for the volunteer, consent and agree to the terms and conditions as stated in the Volunteer Waiver and Release of Liability as provided above, and for myself, my next of kin, heirs, executors, administrators, successors, assigns, personal and legal representatives, hereby release and agree to indemnify and hold harmless the Releasees from any and all claims and liabilities arising out of or in any way connected with my minor child or ward's participation in the events and volunteer activities as provided above, even if arising from the negligent acts or omissions of the Releasees.

Name: _____ Relationship to Child: _____ Age of Child _____

Signature of Parent/Legal Guardian: _____ Date: _____

See Over




CIVIL RIGHTS TRAINING

THE FOLLOWING PROGRAMS, OFFERED BY WESTMORELAND COUNTY FOOD BANK, COULD RECEIVE COMPLETE OR PARTIAL FUNDING THROUGH THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA). VOLUNTEERS WHO INTERACT WITH PROGRAM APPLICANTS AND PARTICIPANTS OF THESE PROGRAMS MUST RECEIVE CIVIL RIGHTS TRAINING APPLICABLE TO THEIR ROLE AND RESPONSIBILITIES.

- ▶ Food Pantry Distribution Program
- ▶ Community Meal/Soup Kitchen, On-Site Feeding Programs
- ▶ Pennsylvania Senior Food Box Program
- ▶ Summer Food Service Program
- ▶ Operation Fresh Express Program
- ▶ Military Share Program
- ▶ Backpack Program

WHAT ARE CIVIL RIGHTS?

CIVIL RIGHTS ARE THE NONPOLITICAL RIGHTS OF A CITIZEN; THE RIGHTS OF PERSONAL LIBERTY GUARANTEED TO U.S. CITIZENS BY THE 13TH AND 14TH AMENDMENTS TO THE U.S. CONSTITUTION AND ACTS OF CONGRESS.

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION BASED ON:

- | | |
|-------------------|--------------|
| ▶ Race | ▶ Age |
| ▶ Color | ▶ Disability |
| ▶ National Origin | ▶ Sex |



THE "AND JUSTICE FOR ALL" POSTER MUST BE POSTED WHERE APPLICATIONS ARE PROCESSED OR WHERE PROGRAM AVAILABILITY TAKES PLACE.

PROGRAM STAFF AND VOLUNTEERS MUST FOLLOW THE CUSTOMER SERVICE GUIDELINES LISTED BELOW:

- ▶ Treat others the way you want to be treated.
- ▶ Be patient & polite.
- ▶ Avoid sarcasm.
- ▶ Be empathetic. Understand that people may not know the rules or understand how the program works. They may feel uncomfortable coming to ask for help.
- ▶ Smile when appropriate; make people feel welcome and valued.
- ▶ Try to avoid conflicts. Methods of doing this can include changing the subject, putting off a discussion until later, or simply not bringing up the subject of contention.



APPLICANTS AND PARTICIPANTS HAVE THE RIGHT TO FILE A CIVIL RIGHTS COMPLAINT IF THEY FEEL THEIR CIVIL RIGHTS HAVE BEEN VIOLATED. CIVIL RIGHTS COMPLAINT FORMS ARE AVAILABLE THROUGH THE PROGRAM COORDINATOR AND MUST BE PROMPTLY SUBMITTED TO WCFB FOR REVIEW AND DETERMINATION.

IN ORDER TO REDUCE THE RISK OF A CIVIL RIGHTS DISCRIMINATION COMPLAINT, ASK YOURSELF THE FOLLOWING QUESTIONS EACH TIME AN APPLICANT AND/OR PARTICIPANT COMES TO YOUR PROGRAM.

- ▶ Am I treating this person in the same manner I treat others?
- ▶ Have I given this person the opportunity to clarify all relevant factors or inconsistencies?
- ▶ Have I informed this person exactly what information I need to make a determination on the application?
- ▶ Have I provided the person with the information he or she needs to make necessary decisions?