



**FOOD BANK**  
COALITION OF SAN LUIS OBISPO COUNTY

# **Neighborhood Food Distribution Volunteer Packet**

# Ethics Agreement

## Values Statement:

- Every human being has the right to nutritious food, regardless of the reason they may not be able to obtain it for themselves.
- It is important to encourage and support each person we serve, while still recognizing their possible vulnerabilities and sensitivities.
- Every individual, family, or agency served by the Food Bank deserves to be treated with kindness, respect, and dignity.
- It is the Food Bank's privilege to serve without judgment.

## As a Food Bank Volunteer, I understand that...

- my motivation for serving and my behavior at sites must reflect FBC values.
- all rules and procedural guidance pertaining to food distributions must be followed.
- all participants should receive excellent customer service and must be treated equally and without judgment.
- there are procedures to assist a participant in addressing a complaint or concern when I am unable to resolve the situation independently.
- the names and circumstances of all self-certified volunteers and participants must remain confidential.
- I am responsible for creating a judgment-free environment at our site.

**I understand that any behaviors I choose to engage in that are in conflict with the distribution procedures and the stated values of the Food Bank can result in the immediate cancellation of my volunteer agreement.**

# Policies and Procedures

## Procedure for Neighborhood Food Distributions:

1. USDA items delivered to a site must be counted and signed for. If items are not delivered pre-bagged, all USDA items must be bagged on site. Every bag must contain the same items in the same quantity. Non-USDA items, including bread and produce, must also be distributed in equal variety and equal amounts to each participant.
2. The following documents must be displayed at every food distribution in the appropriate language translations:
  - **“And Justice For All” Poster** (USDA form AD-475C)
  - **Emergency Food Assistance Program Income Guidelines** (Current year)  
(CA Department of Social Services form EFA 14)
3. The distribution must start and end at the times advertised. If all food is given out before the end of the distribution, someone must stay on site to notify participants and to record how many additional bags will be needed for the next distribution.
4. Participants must be 18 years of age to sign for and receive food.
5. All eligible participants must sign in and provide a street address, their zip code, and the number of individuals in their household on the sign in form. Physical addresses should be used. P.O. Box numbers are adequate for rural areas. If a participant does not have an address, they may write “Homeless” in the space provided for an address. If a participant is unable to write their name, they may mark a letter “X” on the signature line. A distribution site volunteer must then initial their own name and print the participant’s name next to the “X.”
6. By signing in, participants “self-certify.” This means that they have read the Emergency Food Assistance Program Income Guidelines and have determined that their income does not exceed the maximum income listed for their household size. Participants should not need to discuss their financial situation with volunteers or staff. Once they sign in, they are deemed eligible to receive food. **Participants may not be asked to supply additional proof of residence, proof of citizenship, or proof of income in order to receive food.**
7. Each participant who signs in is entitled to one bag. If multiple individuals reside in the same household but are financially separate, each eligible individual from that household may sign in separately and receive his or her own bag.
8. **Participants cannot be asked for payment or for a donation in exchange for food.**
9. Once the distribution is over, leftover USDA items must be counted and recorded on the Distribution Report Form under “Units Retained.” If the Food Bank does not take leftover food directly back to the warehouse, an agreement will be set up between the Food Bank and a local agency to take leftover items.
10. Sign-in sheets, Distribution Reports, Volunteer Sign-in Sheets, and Alternate Pick-Up Forms should be completed and turned in to the Food Bank within 5 days after the distribution.

## Procedure for Alternate Pick-Up:

1. If a participant is not physically able to come to a distribution, they may ask a friend or a family member to pick up food for them. In this case, the person who picks up the food must bring a completed **Alternate Pick-Up Request Form** (California Department of Social Services form EFA 15, current year) which requires the participant's original signature on it (no photocopies). A new Alternate Pick-Up Request Form is required each time a participant sends someone to pick up food for them.
2. At the distribution, the person picking up the food must sign in for the absent person and include their own name on the signature line. Example:

Signature	Address
<i>JoeSmith/MaryNicholsen</i>	<i>144 2<sup>nd</sup> St, Nipomo</i>
(person picking up food) / (absent participant)	(address of absent participant)

3. If there is a line at the distribution, those participants who are physically present should be served first. Participants with Alternate Pick-Up Forms may be asked to wait until all those present are allowed to sign in first.
4. All Alternate Pick-Up Forms should be attached to the sign-in sheet and turned in to the Food Bank.

## Policy for Distribution Volunteers:

- Volunteers are responsible for documenting their volunteer time by signing in and signing out each day on the Volunteer Sign-in Sheet included in the site paperwork.
- The Food Bank does not give letters on performance or letters of recommendation.
- Closed-toed shoes and appropriate, modest dress are required.
- Use of cell phones, iPods, or other listening devices during distributions is not permitted.
- Food or drinks are prohibited unless in an authorized break area.
- Income eligible volunteers are entitled to receive USDA commodities and other distribution items, but must follow the same procedures as all other participants. There can be no distinction made between what a volunteer receives and that of any other participant. **Volunteers must first sign in before taking their product at the end of the distribution.**
- Non-eligible volunteers may not receive USDA commodities; however, they may receive what any eligible recipients receive of fresh produce or bread at the close of the distribution if there is a surplus.

**At no time may remaining food be distributed at the discretion of volunteers or left at the distribution site. No Food Bank food can ever be sold or traded.**

## Procedure for Reporting Complaints:

1. Bring the issue to the attention of the site leader.
2. If the site leader is not available, write down the participant's contact information and a brief description of the complaint. Inform both the site leader and the Community Food Programs Manager as soon as possible.
3. Give the participant with the complaint contact information for the Food Bank and encourage the participant to contact the Food Bank directly.

### Contact:

Andrea Keisler  
Community Food Programs Manager  
Food Bank Coalition of San Luis Obispo County  
cell: 805.835.3737  
office: 805.238.4664  
email: akeisler@slofoodbank.org

## Food Complaint

Complaints about any food must be handled immediately to prevent use of foods that may be unfit for human consumption. If you identify an issue or concern relating to a USDA food product or other food item, please contact the Food Bank directly at **805.238.4664**.

## Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider. Discrimination or any treatment that is not in line with the values of the Food Bank Coalition of San Luis Obispo County will not be tolerated.**

If at any time you find that you or someone else at a distribution have been discriminated against or experienced harassment of any sort, you may contact us directly at **805.238.4664** or use the contact information contained in the non-discrimination statement above.



# VOLUNTEER APPLICATION

## Mission Statement

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The mission of the Food Bank Coalition is to work with a network of community partners to alleviate hunger in San Luis Obispo County and build a healthier community.

Your volunteerism is critical to help us achieve our vision: that every person in the county has access to nutritious food. Thank you for your hard work to ensure our neighbors do not go hungry.

## Contact Information

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

## Additional Information

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Are you volunteering with a group? If yes, what is your group's name? \_\_\_\_\_

Language in addition to English (if applicable) \_\_\_\_\_ Fluency Level:  basic  fluent

Have you ever been convicted of a felony, as an adult (18 and older)\*?  Yes  No

If yes, please explain: \_\_\_\_\_

\*Note: If you have ever been convicted of a felony, as an adult (18 and older), an explanation must be noted on this application and should include the date of conviction. We do not accept volunteers with felony charges that involved convictions that are violent or menacing in nature, sexual, or convictions of theft or burglary.

## Terms and Conditions

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By initially the items below, I \_\_\_\_\_ have read the attached policies and agree to act following food bank ethics and procedures.

\_\_\_\_\_ Ethics Agreement

\_\_\_\_\_ Civil Rights and Non-Discrimination Statement

By signing below you give the Food Bank Coalition of San Luis Obispo County permission to check the validity of statements above.

X \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

## TOGETHER WE BUILD A HEALTHIER COMMUNITY

Food Bank Coalition of San Luis Obispo County | P.O. Box 2070, Paso Robles, CA 93447  
Phone (805) 238-4664 | Fax (805) 238-6956 | [www.slofoodbank.org](http://www.slofoodbank.org) | [volunteer@slofoodbank.org](mailto:volunteer@slofoodbank.org)



# VOLUNTEER WAIVER & LIABILITY AGREEMENT

The Food Bank Coalition of San Luis Obispo County (the "Food Bank") is a charitable, non-profit organization with a mission to work with a network of community partners to alleviate hunger in San Luis Obispo County and build a healthier community. This Volunteer Release and Waiver of Liability ("Release"), executed on the date first written below by \_\_\_\_\_ ("Volunteer"), releases Food Bank Coalition of San Luis Obispo County, a nonprofit public benefit corporation organized and existing under the laws of the State of California ("Food Bank"), and each of its directors, officers, employees, agents, successors and assigns (collectively with Food Bank, the "Releasees"). Volunteer desires to provide volunteer services for Food Bank (the "Volunteer Services"). Volunteer understands and agrees that the scope of Volunteer's relationship with Food Bank is limited to a volunteer position, that no compensation will be paid to Volunteer in return for performing Volunteer Services, and that Food Bank will not provide any benefits traditionally associated with employment to Volunteer. Volunteer agrees that:

**1. Policies and Safety Rules:** For my safety and that of others, I will comply with the Food Bank's volunteer policies and safety rules and its other directions for all volunteer activities. CLOSED-TOE SHOES ARE REQUIRED. My motivation for serving and my behavior must reflect Food Bank values. I agree that all volunteers and recipients should receive respect and excellent customer service, and must be treated equally and without judgment.

**2. Assumption of Risk:** I, Volunteer, understand that there is a risk of property damage or personal injury as a result of my participation as a volunteer with Food Bank, including but not limited to the potential for death or bodily injury, and while particular skills, equipment, and personal discipline may reduce the risk, the risks of serious injury and death do exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my participation.

**3. Waiver and Release:** I, Volunteer, for myself and on behalf of my heirs, assigns, personal and legal representatives and next of kin, release and forever discharge and hold harmless, and covenant not to sue, the Releasees from any and all liability, claims and demands of whatsoever kind of nature, either in law or in equity, which arise or may hereafter arise from the Volunteer Services I provide for Food Bank. I understand and acknowledge that this release discharges the releases from any liability or claim that I may have against the Food Bank and the releases with respect to bodily injury, personal injury, illness, death, or property damage that may result from or occur while I am providing volunteer services for the Food Bank.

**4. Insurance:** I understand that Food Bank does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability

benefits, or any other insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Food Bank beyond what may be offered freely by Food Bank, in its sole discretion, in the event of such injury or medical expenses incurred by me.

**5. Publicity:** I consent to the unrestricted use of my image by the Food Bank or agents and authorize them to use any photographs, video, motion pictures, recordings, or any other media, including social networking websites. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

**6. Medical Treatment:** I hereby release and forever discharge the Releasees from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency that occurs while I am providing the Volunteer Services.

**7. Terms and Conditions:** I willingly agree to comply with all stated and customary terms and conditions for participation as a volunteer with Food Bank. If, however, I observe any unusual or significant hazard or risk during my participation as a volunteer, I will remove myself from participation and bring such hazard or risk to the attention of Food Bank immediately.

**8. Intent of Volunteer:** I intend by this Release to release in advance, and to waive my rights and to discharge all of the Releasees from, all claims, losses or liabilities for personal injury, including but not limited to death or bodily injury, or property damage that I may have or claim to have, or which may hereafter accrue to me, as a result of my participation as a volunteer, even though that liability may arise from negligence or carelessness on the part of the Releasees, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Release is binding on my heirs, assigns, personal and legal representatives, and next of kin.

**9. Parents or Guardians of Volunteers Under Age 18:** This is to certify that I, as parent/guardian with legal responsibility for the Volunteer, do consent and agree to his/her waiver and release of the Releasees as provided above, and, for myself and my heirs, assigns, personal and legal representatives, and next of kin, hereby release and agree to indemnify and hold harmless the Releasees from any and all claims and liabilities incident to my minor child's/ward's involvement or participation in this event as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

**I have read this waiver and release of liability, fully understand its terms, understand that I have assumed significant risks and given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

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Volunteer's Name (PRINT) Volunteer's Signature Date

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Name of Minor (IF APPLICABLE) Legal Guardian's Name (PRINT) Legal Guardian's Signature Date