

FOOD DISTRIBUTION VOLUNTEER TRAINING



Quick guide to volunteering at our Neighborhood
Distribution Sites

SNAP SHOT OF THE CURRENT SITUATION AT THE SLO FOOD BANK

- We are currently distributing food to **2,800** individuals/families a month throughout SLO County who are experiencing food insecurity. That's an increase of **35% or 1,000 more families** than we were distributing to prior to the COVID-19 pandemic.
- People who never thought they would be food insecure, have found themselves in need of our help and resources to keep food on the table.
- The community continues to need our help as we transition from the realities of the pandemic.
- With the help of volunteers like you, we are able to continue feeding the hungry!



VOLUNTEER SIGN-IN SHEET

- When you arrive at the distribution site, please look for a SLO Food Bank staff member (most commonly it will be one of our drivers) and let them know you are there to volunteer!
- There will be a sign-in sheet for you to print your name (first and last). Once your shift is over, **please remember to sign out!**



Distribution Site Name: Laguna Lake Mobile Estates

Date: Thursday, May 28

Volunteer Sign-In Sheet

Instructions: All volunteers are responsible for signing in and out each day they volunteer. If you are completing service hours for school, work, etc., please have a Food Bank staff member at the site initial next to your sign-in and out times. Thank you!

	Volunteer Name (PLEASE PRINT)	Time In	Time Out	Total Hours	Are these hours for school or work? (Y/N)	Staff Initials (Only if you answered Y to previous.)	Are you a Nutrition Education volunteer? (Y/N)	Email Address	Can we send you emails? (Y/N)
1									
2									
3									
4									
6									
8									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									



YOUR HEALTH AND SAFETY IS OUR TOP PRIORITY WHILE VOLUNTEERING WITH US

- Per CDC guidelines, no mask is required for outdoor gatherings at this time regardless of vaccination status.
- While at any distribution site, volunteers will be **required to wear gloves when handling food.**
- We will provide single use gloves for you to use.
- If you have long hair, please ensure that it is up and secured in a ponytail or with a hat.
- Closed-toed shoes are required. No sandals or flip-flops.
- Please avoid wearing any clothing with offensive writing or insignia.



SAFETY PROCEDURES CONTINUED

Food & Public Safety

- You will be handling produce, shelf stable goods, and various packaged foods.
- Be sure to avoid touching produce without gloves on.
- If you need to sneeze or cough, please do so away from the food and public, then immediately wash your hands (sanitizer will be available) and change your gloves.
- If you touch your face or phone with gloves on, you must change your gloves before handling food again.



SIGN IN SHEETS AND ALTERNATE PICK UP FORMS

Volunteers are asked to record information in order to help the Food Bank better track the people we are serving. Participant sign in sheets and alternate pick up forms will be available at all distributions. In order to enforce social distancing, volunteers will collect this information from each individual instead of having them fill it out. The following needs to be asked and recorded for **every** car that comes through:

- *How many are in your household?*
- *How many households are you picking up for today?*
*individuals can pick up for another family as long as they can give us a name and how many are in that household.
More information on the next slide...



ALTERNATE PICK-UP FORM

We do allow individuals to pick up food for other households, but do require that a member from that household fill out and sign our **Alternate Pick-Up Form** with the following guidelines:

- **There is a one-time exception for those attending their first distribution.** An individual may pick up for another household **once** without a APU form, but they will be sent with one and it will be required for the next pick-up.
- **Five (5) Household Limit**
This means the person picking up food + 4 additional households.

Please hand this form to anyone who is picking up additional food for another household for the first time.

State of California – Health and Human Services Agency

California Department of Social Services

ALTERNATIVE PICK-UP REQUEST FORM THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) 2019 INCOME GUIDELINES

Date: _____

TEFAP MAXIMUM INCOME		
HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
1	\$2,445.96	\$29,351.50
2	\$3,311.54	\$39,738.50
3	\$4,177.13	\$50,125.50
4	\$5,024.71	\$60,512.50
5	\$5,908.29	\$70,899.50
6	\$6,773.88	\$81,286.50
7	\$7,639.46	\$91,673.50
8	\$8,505.04	\$102,060.50
9	\$9,370.63	\$112,447.50
10	\$10,263.21	\$122,834.50
Over 10	Add \$865.58 each	Add \$10,387 each

Authorization:
I hereby authorize _____ to pick up my United States Department of Agriculture The Emergency Food Assistance Program (TEFAP) commodities as I am unable to do so.

Certification:
I certify under penalty of perjury that my household income for the past 30 days does not exceed the TEFAP monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away.

Signature _____
Address _____ Zip Code _____ Number of people in household _____

This institution is an equal opportunity provider.

SIGN IN SHEET

The only information you need to record is their name (first and last) and # of persons currently in their household

CERTIFICATION/ CERTIFICACIÓN

I certify under penalty of perjury that my household income does not exceed the Emergency Food Assistance Program's (TEFAP) posted monthly guidelines, that I am facing an economic emergency, and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded or given away.

Certifico bajo pena de perjuo que los ingresos de mi hogar no exceden las guías mensuales publicadas (TEFAP) del Programa de Asistencia de Emergencia, que estoy pasando por una emergencia económica, y que el número anotado de miembros de mi hogar es cierto y correcto. Los bienes son para mi uso personal en casa, y no para ser vendidos, intercambiados o regalados.

Signature/ Firma	Address/ Dirección	Zip Code/ Código postal	# of Persons in Household/ # de personas en el hogar	is this your first time receiving USDA food this month in this county? / ¿Es la primera vez que recibe comida de USDA este mes en este condado?
1. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
2. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
3. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
4. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
5. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
6. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
7. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
8. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
9. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
10. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
11. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
12. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
13. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
14. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
15. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
16. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
17. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
18. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
19. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
20. COVID-19	270 Scott St	93466		<input checked="" type="checkbox"/> Yes/ Sí <input type="checkbox"/> No
TOTAL: **For # of people in Household, count only YES**				
TOTAL: **Para el # de personas en el hogar, cuente solamente los SI**				

This institution is an equal opportunity provider /Esta institución es proveedora de oportunidades equitativas.

**THIS COMPLETES YOUR TRAINING...
THANK YOU!!!**

We are so excited and thankful that you have made the selfless decision to volunteer your time to help serve your community. If you have any questions or concerns prior or during your shift, please contact:

Abbi Johnson
Community Programs Coordinator
(805) 503-9729
ajohnson@slofoodbank.org



SLO
FOOD BANK

