Volunteer Information Form

CONTACT INFORMATION (REQUIRED)

Name: ____________________________________________ Date: __________________________

Last First Middle

Address:

__________________________________________

Street City State Zip

Contact Info:

__________________________________________

Home Phone Cell Phone Email

Gender: ___M ___F Date of Birth _____________

** Individual volunteers under 18 years of age must be accompanied by a legal guardian**

INTERESTS AND AVAILABILITY

Are you volunteering as court mandated community service or legal issue? Yes ______ No ______

OR are you volunteering for one of the following reasons:
School _______ Church _______ Individual_______ Group _________

(Name of group)

Please indicate the types of activities in which you may like to participate:

______ Food Drives _______ Non-Perishable Salvage Sorting
______ Administrative Support _______ Fresh Rescue Frozen Food Sorting
______ Special Events _______ Inner City Food Drops
______ Fund Drives _______ Sorting Produce
______ Production Garden (Seasonal) _______ Production Kitchen Support
______ Farm Gleaning (Seasonal) _______ Warehouse Distribution Support

What mornings are you available? ___M ___T ___W ___Th ___F ___S

Would you like to receive our quarterly newsletter, Food for Thought in the mail? _____Yes _____No

Do you have any health problems? ___Y ___N If yes, what? ________________________________

Do you have any unique or special skills you are willing to share? ___Y ___N

If yes, what? _______________________________________________________________________

Where/how did you first learn of the New Hampshire Food Bank?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

CONTACT INFORMATION (REQUIRED)

For staff use only:

Application Status: Approved_____ Not Approved_____ Reason not approved____________________

Liability form complete_____ Volunteer Agreement complete_____ Data entered_____________(date)

Staff Initials_____

Date: Action: Updated By: Approved By:

21 February 2019 Review M. Odell B. Wilson

Form: VA001

Printed documents are not controlled.
Volunteer Agreement

The New Hampshire Food Bank 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 The New Hampshire Food Bank. Please read and sign at the bottom of the following page.

The New Hampshire Food Bank Commits to:

- Provide adequate information about our 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 NHFB’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 NHFB’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 the Volunteer Coordinator who can then provide a schedule to the volunteers and other staff as appropriate. We are generally unable to accommodate walk-in volunteers.
- Volunteers are requested to arrive promptly for the volunteer assignment, or notify the Volunteer Coordinator in advance if they are unable to come in at their scheduled time. This will allow NHFB to plan for your absence.
- Volunteers are required to check in and out on the tablet with their Galaxy Digital account when they report to their shift. Volunteer groups are required to sign-in and sign-out on NHFB Volunteer hour log.

Use of NHFB Assets

- Confidentiality. All information and data about clients, agencies, volunteers, staff and donors of NHFB 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 NHFB 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 NHFB property or information is theft and is illegal. NHFB reserves the right to search volunteers, including packages or other items if theft or other serious misconduct is reasonably suspected. Theft will constitute immediate removal from the property and prosecution to the fullest extent of the law.

Illness

Volunteering in the NHFB Warehouse or inner city mobile food pantry drop includes handling produce that will be distributed to at-risk and immunosuppressed 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 the Volunteer Coordinator and reschedule your volunteer service.

Safety

NHFB maintains a drug and alcohol free work environment in all aspects and reaches of its programs. Volunteers who abuse alcohol or drugs are a danger to themselves and others. They will not be permitted to continue as NHFB volunteers.
Volunteer Expectations
- Wear suitable clothing for a warehouse environment inclusive of CLOSED TOE SHOES. This is a REQUIREMENT to volunteer for the NH Food Bank. Clothing must consist of a shirt that covers the shoulders, no bare midriffs and shorts or dresses at no higher than mid-thigh. Jewelry and accessories that hang or dangle should be removed. This applies when working in our warehouse, mobile food pantry drop or any outside events, No Exceptions.
- Remain in the designated work area.
- Immediately report any injuries and/or unsafe conditions or practices to any NHFB member of management
- Keep eyes and ears open at all times, watching and listening for fork lifts, pallet jacks and other equipment used in the warehouse and at the food drops.
- Respect that shouting, running or participating in horseplay is not allowed at any NHFB event or in the warehouse. This includes riding or playing on carts, pallet jacks or using warehouse machinery. Only NHFB staff members are permitted to use powered equipment.
- Observe the fact that the use of cell phones or headphones by volunteers in warehouse is prohibited. Backbacks, purses, handbags or bulky coats are not permitted in the warehouse. These items must be left in the break area, in lockers or in your vehicle.
- We are not responsible for lost, damaged or stolen personal items.

Drug Free Work Place Policy
The NH Food Bank is a drug free work zone and prohibits the use or sale of any controlled substance by staff and volunteers including alcohol. If a volunteer reports for work under the influence they will be sent home and not welcome to return.

Smoking Policy
Persons over the age of 18 may smoke outside the building in the designated smoking break area. Please do not litter the driveway with smoking materials. Use the receptacle provided.

Standard Volunteer Hours, by appointment only:
Salvage sorting: 8:00am-11:00am, Monday - Thursday
Fresh Rescue Meat Sorting: 8:30am – 11:30am, Monday – Friday by appointment only
Inner City Mobile Food Pantry: 8:30am-12pm Saturday mornings
Production Garden: 8:00am – 3:00pm M-F or other hours by appointment
Special Events: Days, Evenings, or Weekends as scheduled

I understand that The New Hampshire Food Bank reserves the right to reassign, reschedule or to discontinue 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 The New Hampshire Food Bank’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                                                      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 to have it reviewed in order to ensure their understanding and comfort with the guidelines. In addition, in order to ensure that this form is understood by every volunteer, The New Hampshire Food Bank Volunteer Coordinator will review this document with all those required.
Volunteer Liability Waiver Agreement

All volunteers of the New Hampshire Food Bank and its programs, regardless of age, must completely read and sign this Liability Waiver and Emergency Contact information prior to starting work. If you are under the age of 18 years, a parent or legal guardian must sign this waiver also. We deeply appreciate your services and want to indicate our commitment to do the very best to assist you in your volunteer efforts.

Description of Risk: It is possible that your involvement could result in personal injury. A New Hampshire Food Bank staff member will provide orientation and training to alert volunteers to possible dangers and work conditions risks. Please read and acknowledge understanding of risks associated with each area. Risks include but are not limited to bending, stooping, reaching, kneeling, lifting and carrying. I certify 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 volunteering for the New Hampshire Food Bank at my own risk.

Volunteer Agreement: In signing this Liability Waiver, I agree that I am willingly volunteering with the New Hampshire Food Bank and its programs. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify the Food Bank staff. I agree I am wearing proper clothes and shoes that I believe will provide protection according to the work conditions. __________ (Initials)

Release: I hereby release New Hampshire Catholic Charities, any and all sponsoring organizations or partners, property owners and the New Hampshire Food Bank from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my participation with the New Hampshire Food Bank. __________ (Initials)

Adult/Child Photographic Release:

Do you consent to film, photo, or video that may be taken of you while you are volunteering at the NH Food Bank to be used by the NH Food Bank or any of its participating agencies for publicity and/or advertising? By agreeing to this you are releasing the NH Food Bank and its agencies from any liability in connection with the use of these materials.

☐ Yes, I consent ☐ No, I do not consent

Information Waiver: I understand that any information I choose to provide the New Hampshire Food Bank will be held in confidence and that the New Hampshire Food Bank and its programs may use and reproduce anonymously compiled survey results, including any information I may have provided, for purposes of program evaluation, communication and publication.

Participant and Parent Information
MUST COMPLETE IN FULL

Participant’s Name (please print): __________________________

Participant’s Signature of Agreement: __________________________ Date __________________________

Parent/Legal Guardian’s Name (please print): __________________________

Parent/Legal Guardian’s Signature: __________________________ Date __________________________

EMERGENCY Contact Information

In case of an emergency, please contact: __________________________

Telephone Number(s): __________________________ Relationship: __________________________