FREMONT YOUTH AND COMMUNITY OUTREACH FOOD PANTRY

Volunteer Application

Name _____ Birthday: _____ Start Date: _____

Address _____ Phone: _____

Email _____ Best way to contact: ____ Email ____ Phone Call _____Text

Special skills: CPR certified? Yes or no First Aid Certified? Yes or no Languages spoken: _____

Additional skills: (office, management, finance, organizing, other certifications, etc) _____

_____

Person to Notify in Case of Emergency:

Name:_____ Phone _____

Do you have any physical restrictions, medical limitations or allergies? _____

_____

Are you 18 or older? _____Yes _____No If not, complete the following:

Parent or Guardian Consent: I give consent for my child to participate in the FYCO volunteer program and should the need arise, I authorize emergency medical treatment.

Name:	Phone Number:
Signature:	Relationship:

Are you a pantry client?_____

Clients may become volunteers with the food pantry but you may not be a client and volunteer on the same day. *You may come to the pantry one time per month and volunteer the other time.

Are you volunteering with us for community service hours? _____

If you are required to complete community service hours for school, church, scouts, etc. or as part of a court ordered program, please indicate the program below, then specify the number of hours needed and deadline for completion.

Terms and Conditions

I release FYCO Inc, its volunteers and employees of all claims and liabilities arising out of or in any way connected to my volunteer activities. I further agree to indemnify and hold FYCO harmless from all claims arising from my conduct while volunteering for FYCO. In addition, I agree FYCO has unrestricted use of any photographs or videos taken for publicity purposes. Fremont Youth and Community Outreach, Inc. is an equal opportunity employer and provider. We do not discriminate based on sex, race, religion, age, sexual orientation, marital status, national origin, ancestry, citizenship, or disability, or any other category protected by law.

By signing this application, I affirm that the information presented is true and complete. In addition, I agree to the Terms and Conditions as well as the policies laid out in the Volunteer Handbook.

Name: (printed)	Signature:	Date:

Please check your areas of interest:

Client Facing Days

Food Distributions:

PANTRY

_____1st Wednesday of the month: 9am – 2 pm

_____3rd Tuesday of the month: 3pm – 8pm

FARM WAGON

_____2nd & 4th Thursdays: 8:30am-10:30am

Community Meals:

_____Free Community Meal (quarterly)

Senior Home delivery:

_____CSFP delivery

Special Yearly Events by Season

_____Day of Play (June or July)

_____Halloween meal/outreach (October 31)

FOR OFFICE USE ONLY:

Shirt _____ Handbook _____

Signup Genius _____

Outreach:

_____ _____ _____

_____ _____ _____

Non-Client Facing Days

Pick up/sorting

_____Retail: Every Monday 9:30am-1pm

_____KFC Pickups: Tuesdays at 10:30am

_____Backpacks: 2nd and 4th Thursdays after farm wagon (during school year)

_____Milford: Some Fridays 1pm – 4pm

_____Misc Shipments: Varies: on call

_____Bagging and Sorting: Varies – quarterly (May, July, November and January)

Administrative

_____Grant writing

_____General paperwork

_____CSFP phone calls

_____Committee work

Special Events

_____Fundraiser – Golf Outing (March)

_____Community Garden (April – September)

_____Teacher Appreciation (August)

Future Events

_____Fundraiser – (September, December)

_____Donor Appreciation (July)

OTHER IDEAS??

_____

_____

_____

_____

CIVIL RIGHTS TRAINING FOR VOLUNTEERS WHO ASSIST WITH FNS PROGRAMS

____ Goals of civil rights – fairness and equality of treatment and benefit delivery

____ Legal prohibitions – discrimination is prohibited on the bases of race, color, national origin, age, sex, religious and disability in special nutrition programs funded by the USDA, Food and Nutrition Service. (The Food Stamp Program and Food Distribution Program on Indian Reservations also prohibit discrimination based on religion and political beliefs in addition to the bases listed above.)

____ Types of Discrimination – Disparate treatment (intentional), disparate impact (neutral rule impacts disproportionately on a group), reprisal/retaliation against complainant or his/her family, associates or others involved in complaint process or exercising civil rights.

____ Exceptions - Congress can establish a program that is intended for certain groups of people, and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination or disability discrimination for those who do not meet the age limits.

____ When do civil rights rules apply – Civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.

____ Special circumstances

- ____ Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities (e.g. mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.
- ____ Provide other language assistance to persons with limited English proficiency who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances.

Other requirements

____ Treat all people with dignity and respect.

- ____ Display the USDA “And Justice for All…” non-discrimination poster in a place where it can be seen by all who visit the premises.
- ____ Include the USDA non-discrimination statement on all materials that mention USDA funded programs and make sure the statement is also on web sites that mention USDA funded programs.

____ Conduct outreach to insure that potentially eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits.

____ Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to managers. What happens at the site stays at the site. The exception, of course, is any illegal or inappropriate behavior that should be reported to state or federal officials.

Agency Name **Fremont Youth and Community Outreach Inc** **Date** _____

Volunteer Signature _____

Volunteer Name _____

Long version Non-discrimination statement (English):

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Short version of Non-discrimination statement (English):

USDA is an equal opportunity provider and employer.