



Our Daily Bread Food Pantry

Volunteer Application (Please print)

Date: _____

Name: _____

Local Address: _____
Street City State Zip Code

Alternate Address: _____
Street City State Zip Code

Phone Number: ____/____/____ Date of Birth: ____/____/____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: ____/____/____

Pantry tasks/skills you are interested in? (Circle all that apply)

Admin Assistance, Computer Work, Food Procurement, Food Transportation (if yes, do you have an auto insurance policy? ___Yes ___No) Fundraising, Grant Writing, Greeter, Heavy Lifting (50+lbs) I/T, Lunch with Friends, Manual Labor, Mobile/Outreach Pantries (Friday afternoon/evening) Prayer, Register Guests, Shelving, Translate for Guests

Months in the area: (Pls circle) Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec or ALL

How did you hear about the Food Pantry? _____

Do you have any prior Food Pantry related experience? When and where? _____

Primary language? _____ Do you speak any other languages? Is yes, what are they?
(Pls circle) English Spanish Creole Other: _____

What is your church or organization affiliation? _____

Are you here for Community Service hours, what organization? _____

Any pattern/circumstance that will make it inappropriate to serve with minors or that will Compromise the integrity of Our Daily Bread Food Pantry? No ___ Yes ___

Initials: _____

Over

I agree to the following conditions:

- All information on this application is open for discussion with Our Daily Bread Food Pantry Leadership Team
- I agree not to sue or engage in any type of legal action affecting Our Daily Bread Food Pantry, not subpoena anyone regarding this information, meetings, notes or records.
- Any and all information will be kept confidential and only be used with Our Daily Bread Food Pantry Leadership Team

Volunteer gives permission to Our Daily Bread Food Pantry to use their personal information in the HMIS data base. Volunteer further testifies that all information given on this Volunteer Form is true and complete to the best of their knowledge.

Photo Consent

I agree to allow Our Daily Bread Food Pantry unrestricted use of photographs taken of me and/or my family in the course of participation in activities sponsored by Our Daily Bread Food Pantry. I understand that Our Daily Bread Food Pantry intends to use such photographs only in connection with official Our Daily Bread Food Pantry publications and documents.

Non-discrimination Policy and Procedures

The following document contains five sections:

- Our Daily Food Pantry Non-discrimination Policy
- How we communicate our policy
- Individual rights
- How we process non-discrimination complaints
- What corrective action we take

Non-discrimination Policy:

As a partner agency of the Harry Chapin Food Bank (HCFB) we adhere to several Contract requirements. A key component of these requirements is our non-discrimination policy.

"In accordance with Federal law and our contract with the Harry Chapin Food Bank, we will not discriminate on the basis of race, sex, age, color, national origins, disability, sexual orientation or religion."

Communicating our Policy:

We ensure our clients, employees, volunteers, and HCFB are aware of our non-discrimination policy through several means:

- We agree in writing with HCFB not to discriminate.
- Volunteers are advised of our policy.
- Any flyers we develop for the public includes our non-discrimination policy.
- Any website we have has our non-discrimination policy on it.

Individual Rights:

Our policy creates certain rights for any individual who believes he/she has been discriminated against. An individual can file a complaint to several state and federal organizations, as well as with the Harry Chapin Food Bank. A complaint may also her made to any of our volunteers verbally or in writing.

Initials: _____

(Continued)

Processing Non-discrimination Complaints:

1. Complaint is received by Our Daily Bread Food Pantry either verbally or in writing.
2. If verbal, we will work with individual to complete our complaint form, to gather appropriate data, to establish a clear understanding of the allegation and to advise him or her of the next steps in the review process.
3. If the individual has already completed our form we will review the data for completeness and clarity.
4. The completed form will be promptly forwarded to the Pantry Team Leader who will review and send to HCFB Agency Relations Manager who, as appropriate, will engage the HCFB's Executive Director.
5. The HCFB Agency Relations Manager or Executive Director will assign an individual to review the complaint, who will, as appropriate for the situation, independently gather data about the specific situation.
6. Based on an analysis of the information a determination will be made by HCFB as to whether discrimination, as defined by Federal law has occurred.
7. An appropriate specific solution will be defined for the complaint at hand and correction actions steps will be devised to help preclude repetition by Our Daily Bread Food Pantry.
8. HCFB will notify the individual of the outcome within a reasonable timeframe.
9. HCFB will notify Our Daily Bread Food Pantry of the outcome and any needed corrective action they must take.
10. Our Daily Bread Food Pantry will take corrective action as defined.

What Corrective Action will Our Daily Bread Food Pantry will take?

One of our primary objectives in having a clear resolution to a discrimination complaint is to gain a thorough understanding of not only what occurred but why. Based on the findings of HCFB we will undertake appropriate corrective action to help minimize the likelihood or recurrence of discrimination.

While the specific actions cannot be defined before discrimination occurs, corrective actions include activities such as re-training volunteers and one-on-one discussions/ counseling with particular volunteers about the importance of not discriminating and ensuring a clear understanding of what discrimination is.

As a Volunteer applicant of Our Daily Bread Food Pantry, I have provided accurate information, read and understand the non- discrimination policy.

Print your Name: _____

Signature: _____ Date: _____

Please mail (P.O. Box 109, Marco Island, FL 34146) or drop off signed application and non-discrimination form at 1450 Winterberry Drive, Marco Island, FL 34145