

BONNEY LAKE FOOD BANK

VOLUNTEER / COMMUNITY SERVICE FORM

Please check type of volunteer:

☐ Volunteer

☐ Community Service – Court

☐ Community Service – School

CLIENT INFORMATION

Last Name: _____ First Name: _____

Mailing Address: _____ Apt / Space #: _____

City: _____ Zip: _____ Phone: _____

Email: _____

By providing your email you agree to receive volunteer-centric emails. However, you may opt-out at any time.

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Relationship: _____

COMMUNITY SERVICE INFORMATION ONLY

Court-Ordered Community Service? ☐ Yes ☐ No If yes,

Case #: _____ Court Name: _____

Court Fax #: _____ Hours Needed: _____ Date Required by: _____

School Project – are you a student required to perform Community Service? ☐ Yes ☐ No

If Yes, Name of School: _____

PHOTO AND VIDEO PERMISSION USE

You grant Bonney Lake Food Bank, its agents, and employees' permission and the unrestricted right to my photographic image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. You understand and agree that these materials will become the property of Bonney Lake Food Bank (agents or employees) and will not be returned. In addition, You waive the right to inspect the final product prior to release.

DRESS CODE

Dress code is casual. Wear comfortable and safe footwear. Do not wear open-toed/heeled footwear.

Bonney Lake Food Bank – Registration Form

VALUABLES

Please leave all valuables at home or locked in the trunk of your vehicle. We are not responsible for the loss, damage, or theft of personal items that come into the facility.

SMOKING / DRUGS AND ALCOHOL-FREE WORKPLACE

This is a non-smoking facility. Individuals that smoke must be 25-ft away from building and must wash hands prior to returning to their assigned duty.

This is a drug and alcohol-free workplace. If under the influence you will be requested to leave the premise.

FOOD AND GROCERY ITEMS

Food is intended for clients only.

CONFIDENTIALITY

Respecting the privacy of our clients, donors, members, staff, volunteers are our utmost responsibility. Personal information is confidential and should not be disclosed or discussed.

CIVIL RIGHTS TRAINING *(required for us to receive government commodities)*

Initial each statement after you have read and reviewed the information (Attached)

- _____ **Federally Protected Classes** – Under federal law, specific classes of persons have a right to file a federal discrimination complaint with USDA if a local program using federal resources discriminates against them. Under federal law, for the purposes of TEFAP and CSFP, the protected classes under which a client may file a discrimination complaint are: race, color, national origin, sex, disability, age, and reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- _____ **Washington's Protected Classes** – Washington's nondiscrimination law includes the above protected classes as well as: familial or parental status, marital status, political beliefs, creed, honorably discharged veteran or military status, sexual orientation/gender identity, the use of a trained guide dog or service animal by a person with a disability, all or part of the individual's income is derived from any public assistance program, and reprisals.
- _____ **Filing a Federal Civil Rights Complaint** – Advise people who allege discrimination based on one or more of the federally protected classes listed above on how to file a complaint by using the USDA Program Discrimination Complaint Form (AD-3027), found online at www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer 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:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
Independence Avenue SW
Washington, DC 20250-9410

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

USDA is an equal opportunity provider.

Bonney Lake Food Bank – Registration Form

_____ **Filing a State Discrimination Complaint** – Advise people who allege discrimination based on one or more of the state-protected classes of people listed above that they may file a discrimination complaint with the Washington State Human Rights Commission. A description of the processes and a link to the forms are online and can be found at: <http://www.hum.wa.gov/discrimination-complaint>.

_____ **Verbal Complaints** – In the event that a complainant makes the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made must write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:

- Name, address, telephone number, or other means of contacting the complainant.
- Specific location and name of the state agency, local agency, or other sub-recipient delivering the service or benefit.
- Nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants.
- Basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, age, disability, or sex.
- Names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action.
- The date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.

_____ **Additional Nondiscrimination Laws** – In addition to federal and state law, local programs may be subject to city or county nondiscrimination laws. Programs should check with their local government to confirm whether there are any local nondiscrimination laws. Agencies must comply with local laws.

_____ **Maintain Confidentiality** – Do not talk about or make remarks about people receiving benefits. Never share information with others even if your intention is to help recipients with other services or assistance. Refer all requests for information about recipients from other agencies or programs to managers. Always get a recipient's written approval to share their information or make referrals on their behalf. What happens at the site stays at the site. The exception, of course, is any illegal behavior that should be reported to local, state, or federal officials.

_____ **Cooperate with State and Federal Reviewers** – USDA and Washington State Department of Agriculture are required to conduct periodic compliance reviews to help ensure compliance with program and civil rights rules.

_____ **Local Agencies Must Take Action** – Local Agencies must accept and process all complaints (program, vendor, or civil rights) received by the agency regardless of whether the complaints are written, verbal, or anonymous. Details for filing complaints are outlined in Section XV of the [FNS Instruction 113-1](#). The complaint may be sent directly to:

Food and Nutrition Service Civil Rights Division (CRD)
3103 Park Center Drive
Suite 808
Alexandria, VA 22302

_____ **Corrective Action for Non-Complying Agencies** – If there is noncompliance with federal nondiscrimination law by a contractor or subcontractor, the state agency will file a report with the FNS Regional Administrator at USDA and will immediately seek correction of the violation by voluntary compliance. Failure of a contractor or subcontractor to correct any non-compliance with civil rights rules may lead to legal actions and termination from the federal programs TEFAP and CSFP, as applicable.

_____ **Services for People with Disabilities** – Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 (English) or (800) 845-6136 (Spanish).

_____ **Sexual Harassment is Prohibited** – Do not engage in or tolerate unwanted or unwelcomed sexual behavior, including jokes, touching, request for sexual favors, etc. Report all violations to your manager, or the Washington State Human Rights Commission, or the U.S. Equal Employment Opportunity Commission.

Bonney Lake Food Bank – Registration Form

_____ **Response to Conflicts** – If a conflict occurs, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation if there is no immediate resolution.

_____ **Treat all People with Dignity and Respect** – Follow the golden rule and treat people the way you would like to be treated.

VOLUNTEERS UNDER THE AGE OF 18 – PARENT / GUARDIAN SIGNATURE

I agree the minor has my consent to participate in the event or activities at or with the Food Bank. I further provide my consent for Bonney Lake Food Bank to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment

Parent/Guardian Signature

Date

PARTICIPANT AGREEMENT

By signing this form, I certify the above information is correct to the best of my knowledge and I have read, understand, and agree to the above guidelines for Bonney Lake Food Bank. In addition, I assume any risk of harm, injury, illness or other damages which might occur while volunteer or through community service work. I release and hold harmless Bonney Lake Food Bank and each of its directors, officers, employees, partners, agents, and constituents from all claims, liability, costs, and damages which might arise from participation in the event or activity.

Signed

Date