

# JUNCTION CITY LOCAL AID

## VOLUNTEER APPLICATION AND RELEASE FORM

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Home \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Availability to Volunteer (check days and times)

☐ Monday Hours: ☐ 10:30 am – 2:00 pm

☐ Tuesday Hours: ☐ 8:30 am – 11:00 am  
☐ 11:00 am – 2:00 pm

☐ Wednesday Hours: ☐ 8:30 am – 11:00 am  
☐ 11:00 am – 2:00 pm

☐ Thursday Hours: ☐ 8:30 am – 10:00 am  
☐ 2:30 pm – 5:00 pm  
☐ 5:00 pm – 7:30 pm

☐ Saturday Hours: ☐ 9:30 am – 12:30 pm

Special Skills:

(ie: truck driver, forklift driver, computer)

\_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEER CHECKLIST

\_\_\_\_ Appl. & Release form  
\_\_\_\_ Confidentiality form  
\_\_\_\_ Distribution of Don. Form  
\_\_\_\_ Civil Rights Form  
\_\_\_\_ JCLA Guidelines  
\_\_\_\_ Sign-in Log  
\_\_\_\_ Aprons/Nametags/Tour  
\_\_\_\_ Calendar/absences – whentohelp.com  
\_\_\_\_ Communication  
\_\_\_\_ DVD  
Date: \_\_\_\_\_

### Roles Available (check yes or no)

Yes No

- ☐ ☐ **Monday Warehouse:** receive weekly delivery, sort and stock inventory
- ☐ ☐ **Monday Delivery:** drive truck, shopper at FFLC, forklift driver to unload delivery
- ☐ ☐ **Clothing:** sort clothing donations, stock pantry clothing area, keep clothing area clean and organized
- ☐ ☐ **Pantry Shopper:** Help clients in monthly pantry, assist in food options
- ☐ ☐ **Pantry Freezer:** Fill clients frozen food orders while they shop in pantry
- ☐ ☐ **Pantry Office:** Greet and check in clients, pull and update client files, enter visits in computer, keep intake area organized
- ☐ ☐ **Stocking/Sorting/Floater:** Help stock, organize, clean and repack. Duties vary each shift
- ☐ ☐ **Admin:** help with misc office duties to include computer data entry

●Do you have any known medical conditions that may affect the safety of any food that you may have contact with? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

●Do you have any limitations that may affect your work? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**VOLUNTEER AGREEMENT:** In signing this agreement, I acknowledge that as a volunteer, I will follow the guidelines, direction and organization vision of Junction City Local Aid.

**VOLUNTEER RELEASE:** In signing this release, I acknowledge that I am a volunteer for Junction City Local Aid. I agree to absolve and hold harmless Junction City Local Aid from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation as a volunteer for Junction City Local Aid.

PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Non-Discrimination & Diversity Policy

Junction City Local Aid prohibits discrimination against anyone on the basis of race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability, or status as a veteran.

Junction City Local Aid is an equal opportunity provider.

JCLA is committed to creating an inclusive and accessible organization and is committed to fostering, cultivating, and preserving a culture of diversity and inclusion.

JCLA is committed, but not limited to, focusing on diversity in our practices and policies on recruitment and selection; compensation and benefits; professional development and training; promotions; transfers; social and recreational programs; layoffs; terminations; and the ongoing development of a work and service environment built on the premise of gender and diversity equity that encourages and enforces:

- Respectful communication and cooperation between all volunteers, guests, employees, and community members.
- Teamwork and participation, permitting the representation of all groups and perspectives.
- Work/life balance through flexible work schedules to accommodate people's varying needs.

Anyone (including, but not limited to guests, clients, volunteers, and employees) who believe they have been subjected to any kind of discrimination that conflicts with the company's diversity policy and initiatives should seek assistance from the executive director or a member of the board of directors.

I have read and acknowledge the policy

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Use of Donated Products

Through our agreement with Feeding America and Oregon Food Bank, FOOD for Lane County and its partner agencies are prohibited to provide volunteers or staff with donated product, whether as an exchange for services rendered or as acknowledgement/thanks for two reasons:

**Tax Law:** Donors receive tax benefits when donating product intended for the infirm, the needy, the old or the young. If an agency provides staff or volunteers with donated product this invalidates those tax benefits for donors.

**Labor Law:** Under current labor law, if a volunteer or staff is provided donated goods either as compensation or as acknowledgement/thanks, this is considered payment. If this payment is less than what an employee would be compensated for the hours they worked, the state would find the agency liable for the difference. The agency would also be subject to taxes on the amount of lost wages paid.

Additionally, if volunteers are perceived as getting special treatment, this can be seen as favoritism and may put the agency at risk of a civil rights complaint. It also goes against our guiding principle of providing equal access.

The one exception is beverages—volunteers are allowed to consume beverages from inventory while they are volunteering. Staff are never allowed to use donated product, per the Feeding America Agreement.

If a volunteer or staff member qualifies for services from an agency, they are welcome to participate in the same manner as all other clients. This means that volunteers must sign in like all clients to access food—they may not access food before it is made available to the entire eligible population.

I have read and understand the policy:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer

## Customer Service Pledge & Confidentiality Agreement



## Customer Service Pledge:

- ❖ I recognize that people coming for food assistance are probably in a stressful situation when they reach our doors.
- ❖ I will strive to always provide a pleasant, welcoming environment for them.
- ❖ I will treat people with dignity, courtesy and respect.
- ❖ I will honor their privacy.
- ❖ I will respect their right to say 'no' to a food selection without judging their choices.
- ❖ I will treat my fellow volunteers with respect and work as a member of this team.

### Client & Staff Confidentiality:

What you hear or observe about clients, staff and donors while volunteering is confidential. Even a seemingly harmless comment repeated to another person can be misunderstood and cause harm. In order to create a safe and respectful environment, we ask that volunteers honor this request and keep client information confidential.

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## Volunteer Agreement:

*I understand that my services are being offered to JUNCTION CITY LOCAL AID on a voluntary basis. I pledge to create an environment of courtesy and respect for all who enter our doors and to keep all information heard or observed about clients, staff or donors confidential. While performing volunteer services, I am bound by laws and policies which protect the privacy of client information. I agree to keep this information in the strictest confidence and the failure to do so may result in my being denied the opportunity to volunteer.*

Printed Name: \_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

## The Basics

### Your program is required to:

1. Participate in mandatory annual civil rights training;
2. Have an outreach strategy in place that reaches all populations in your service area;
3. Maintain a file with samples of all outreach materials containing the nondiscrimination statement;
4. Have an LEP plan in place that all staff and volunteers are aware of;
5. Post "And Justice For All" poster (form AD-475C) and information on how to make a complaint;
6. Forward all discrimination complaints to DHS' complaint hotline and assist in follow-up;
7. Address/Acknowledge all complaints and assist complainant if necessary;
8. Maintain a file of all complaints received.

I fully understand my responsibilities in adhering to Civil Rights responsibilities and regulations.

Signature

Date

## Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

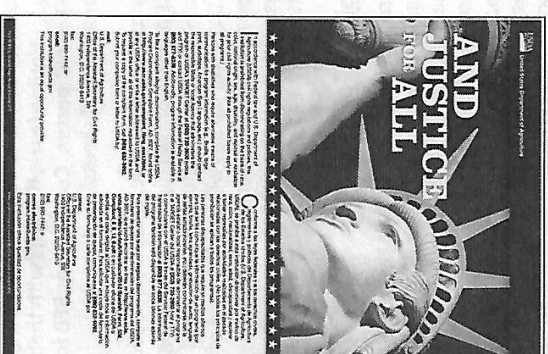
To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.ascr.usda.gov/> complaint filing, <http://www.ascr.usda.gov/> or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Legal Authorities**—Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and all requirements imposed by the regulations of the Department of Agriculture (7CFR Part 15), Department of Justice (28CFR Parts 42 and 50), and FNS instructions, directives, or regulations.

## Civil Rights Training



## Recipient Agency Organizations Distributing Emergency Food

The purpose of this instruction is to establish and convey policy and provide guidance and direction to the USDA Food and Nutrition Service recipients and customers and ensure compliance with and enforcement of the prohibition against discrimination in all FNS nutrition programs and activities, whether federally funded in whole or not.

As a staff person (or volunteer) of an Oregon Food Bank program distributing federal commodities, you must agree to provide equal and consistent treatment to all potentially eligible persons, applicants and beneficiaries (clients).

## **Protected classes for Food Bank programs are:**

Race	Age
Sex	Disability
National origin	Religion
Political affiliation	Military status
Familial status	Marital status
Sexual orientation/gender identity	

Discrimination based on any of these federal and state protected classes is prohibited. Types of discrimination include, but are not limited to:

**Differential Treatment:**  
I.e., refusal of service, using different eligibility criteria for certain clients, treating applicants differently based on protected class.

**Discriminatory Impact:**  
Discrimination that is not intentional, but has that effect. A rule, policy or practice may be neutral on its surface, but it may impact a protected class disproportionately.

### **Best Practices**

- Be aware of your own personal assumptions and do your best to keep them to yourself when working with clients.
- In general, try to accommodate special dietary needs (diabetes, food allergies, etc.) and religious requirements (Kosher or Halal foods).
- Be prepared to provide program information in alternate formats for people with disabilities (i.e., reading materials out loud for visually impaired, etc.).

### **Tips for Faith-based Organizations:**

- Proselytizing is not allowed.
- Be aware of actions/comments that could have a negative effect or create a barrier to service.
- Sharing information about religious programs is fine, but make sure the client understands that they do not need to participate in order to receive food (i.e., prayer service before meals).

## **Public Notification: Outreach**

- All programs must have a public outreach plan to inform participants and potentially eligible persons of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint. Outreach needs to reach all populations in your service area.
- Forms of communication: Brochures, bulletins, leaflets, letters, newspapers, radio/television announcements.
- All forms of communication must include the nondiscrimination statement (see back of this brochure).
- Provide appropriate translation of information in accordance with the program LEP Plan.
- Advise the public, including minorities and grassroots organizations, in the service area of program availability and eligibility standards.
- Display "And Justice For All" poster (form AD-475c) and Eligibility Questions poster in prominent areas.

## **Limited English Proficiency (LEP)**

Your program must have a plan to serve those with limited English proficiency. Primary factors to consider are:

- Number of LEP persons in your service area;
- Frequency with which LEP persons come in contact with the program;
- Importance of service provided by the program;
- Resources available to the recipient.

### **Develop an LEP Plan:**

- Your plan should include strategies for providing translation of critical documents and interpretation through:
- Staff or volunteers;
- Contracts or informal community relationships;
- Language line.

All staff and volunteers need to be aware of and understand the LEP plan. You must keep your plan on file and evaluate and update your plan periodically.

If you need assistance in creating an LEP plan you can contact your RFB for more information and/or visit [www.lep.gov](http://www.lep.gov).

## **Civil Rights Complaints**

Civil Rights complaints are characterized by the complainant verbalizing or submitting, in writing, a complaint that alleges they have been treated unfairly on the basis of a protected class.

- Everyone has the legal right to file a discrimination complaint without retaliation — agency staff cannot refuse to assist with a complaint or create barriers.
- Agency staff must be willing to assist in complaint resolution.
- Agencies must keep records of all complaints for a period of three years from the date of the resolution of the complaint
- Complainants have 180 days from the alleged discriminatory action to file a complaint.

### **Complaint Process**

Persons who wish to make a complaint can call Oregon Department of Human Services (DHS) Hotline 1-800-442-5232 or complete a complaint form. Complaint forms are to be sent to DHS. Agencies must post Hotline tear-off sheets with their "And Justice For All" poster. Contact your RFB for additional tear-off sheets.

Once a complaint is made, DHS, or, if appropriate, the USDA Office of Civil Rights, will investigate the complaint, which will include a review and evaluation of the facts. All parties will be informed of the decision or action required for resolution.

Complainants have the right to appeal the decision if they choose.

### **Complaint Form**

- Every complaint should include the following:
- Name, address, and phone number (or other means of contact) of the person alleging discrimination;
- Location and name of organization accused of discrimination;
- Basis of alleged discrimination (age, race, etc.);
- Nature of incident that led person to allege discrimination.

**These are your legal responsibilities.** A complaint could become a lawsuit based on a claim of the violation of a person's civil rights.

## **JUNCTION CITY LOCAL AID CONDUCT OF CLIENTS POLICY**

### **1. To provide a safe place for staff, volunteers and clients.**

- a. Treat all with respect and kindness.
- b. And, expect the same in return.

### **2. If a client is unable to be cooperative in anyway, terminate the process.** Contact a staff member.

- a. Advise the client their cooperation is needed in order for JCLA to assist them.
- b. If the client is unable to maintain a workable manner, advise them they will lose the ability to complete their tasks today.
- c. If calm is not restored, advise the client they must leave the facility or the police will be called and they will face a trespassing charge.
- d. Call the Junction City Police at the direct phone number, 541 998-1245.
- e. No one is to be restrained or detained.
- f. You do have the right to defend yourself or others
- g. Advise the Executive Director or lead person of the Junction City Local Aid.

### **3. Clients who may be under the influence of alcohol or drugs are a concern to us.**

- a. If they are coherent, allow them to complete their tasks.
- b. If they become disorderly then refer to step number two.

NOTE - If the Executive Director, or other lead person, tells a client,

“If you don’t leave JCLA, we will be calling the police,” CALL THE POLICE NOW.

INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

## JUNCTION CITY LOCAL AID **POLICY REGARDING INCLEMENT WEATHER**

Junction City Local Aid will follow the decisions made by the Junction City School District in regards to bad weather.

Junction City Local Aid will be closed on days that the Junction City School District is closed **due to weather**, and start two hours late on days that the Junction City School District starts two hours late **due to weather**.

Volunteers are encouraged to listen to the school closure announcements on the radio to determine if Junction City Local Aid will be open, and they need to report to volunteer. Volunteers should not come to volunteer if they feel the roads are not safe to travel on. If volunteers decide to stay home, they should call JC Local Aid as soon as they make that decision, in order for the office to make any necessary volunteer adjustments.

INITIALS \_\_\_\_\_

DATE \_\_\_\_\_



# Criminal Background Check Authorization Form

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In connection with my employment/volunteer service at Junction City Local Aid, I hereby give authorization to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education, employment, sanction/exclusions, and court records (both civil and criminal), and other information relevant to my volunteer service at Junction City Local Aid.

I hereby release to the extent permitted by law, Junction City Local Aid, its' employees, any individual or agency obtaining information for Junction City Local Aid from any and all claims, damages, losses, liabilities, costs, and/or other expenses arising from the retrieving, reporting and/or disclosure in connection with this background investigation.

By signing below, I have read, understand and consent to the above. My signature below certifies that all information I have provided in connection with this background check is true, accurate, and complete to the best of my knowledge. I further state that I have carefully read the foregoing release and agreement, and know the contents, and I sign this release as my free act.

Name \_\_\_\_\_

Last

First

Middle

Other Names Used: \_\_\_\_\_

Home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

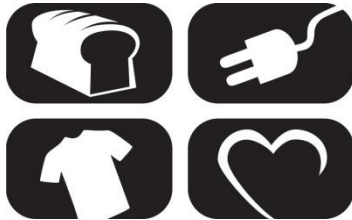
Print all other names that have been used (if any): \_\_\_\_\_

Date of Birth \_\_\_\_\_ I.D. (Driver's License or state-issued) number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you!



*Junction City*  
**LOCAL AID**