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The Food Bank of the State College Area, Inc.

**Volunteer and Community Service Form**

 **Date: **

**Contact Information**

**Name:    **

  *First Middle Initial Last Nickname*

**Address**:     

 *Street Apt. City State Zip*

**Phone:   Primary Contact Phone #:** [ ]  Home [ ]  Cell

*Home Cell*

**Date of Birth** (mm/dd/yyyy)**:  Email:** 

**Emergency Contact:  Relationship:  Phone: **

**Background and Statistical Information**

**Sex:** [ ] Male [ ] Female **Age:**  [ ]  **<13**  [ ]  **13-17**  [ ]  **18+ PSU Student?** [ ]  Yes [ ]  No **RSVP Program?** [ ]  Yes [ ]  No

**How did you hear about the State College Food Bank? **

**Community Service and Court-Mandated Service Information**

**Are you volunteering to fulfill court-mandated community service hours?**  [ ]  Yes\* [ ]  No

**Are you volunteering to fulfill hours for school?** [ ]  Yes [ ]  No **Name of school/group:**  

**How many service hours do you need to complete? ** [ ]  I don’t need to complete a specific number of hours.

**By what date must you complete these hours? **

\**SCFB has restrictions on the types of court-mandated volunteers it can accept. If completing hours for court, you will need to provide documentation of cause before your first shift. Documentation of hours completed will not be provided without this paperwork. Not all requests can be fulfilled.*

**Interests and Availability**

**I am volunteering:**  [ ]  As an individual [ ]  With a group\* **Name of group:** 

*\*If you are volunteering as a group, you must assign a group leader. The group leader is required to complete the Group Accountability Waiver (Page 4). The group leader must be a responsible adult over the age of 17. If group contains minors under age 18, group leader must provide an applicable background check.*

**When are you generally available to volunteer? [**check **all** that apply **– morning shift = 9am-12:30pm, afternoon = 1pm-4:30pm]**

 [ ]  Monday mornings [ ]  Tuesday mornings [ ]  Wednesday mornings [ ]  Thursday mornings [ ]  Friday mornings

 [ ]  Monday afternoons [ ]  Wednesday afternoons [ ]  Friday afternoons

 [ ]  ***Weekends*** *(the Food Bank is typically closed on weekends, but there are occasional volunteer needs on a Saturday or Sunday)*

**Please indicate the types of volunteer jobs that you are interested in: (check all that apply)**

[ ]  Computer / IT work [ ]  Client Service Grocery Assistant [ ]  Sorting / preparing donations

[ ]  Picking up donations [ ]  Loading client groceries into vehicles [ ]  Supervising / Training

[ ]  Stocking grocery shelves [ ]  Data entry / office assistance [ ]  Building upkeep / maintenance

**Please advise us if you have any concerns, special needs, or limitations:**

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**Please list any applicable training, skills, interests, or experience:**

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**The Food Bank of the State College Area, Inc.**

**Volunteer Code of Conduct**

**The Food Bank of the State College Area, Inc. (SCFB) is a charitable non-profit organization whose mission is to provide emergency food to people in need in the State College area and to assist the network of food pantries in Centre County. In an effort to maintain a high standard of conduct that is expected of the SCFB in regard to its volunteers, the following Code of Conduct is applicable to all volunteers, whether volunteering at the Food Bank, any agency location, or a Food Bank event.**

**No volunteers shall:**

1. Authorize the use of, or use for the benefit or advantage of any person, the name, logo, endorsement, services, or property of the SCFB;
2. Accept or seek on behalf of any person any financial advantage or gain of other than nominal value offered as a result of the volunteer’s affiliation with the SCFB;
3. Disclose any confidential SCFB information that is applicable solely as a result of the volunteer’s affiliation with the SCFB to any person not authorized to such information, without the express authorization of the SCFB. The confidentiality of SCFB clients is very important. While volunteering at SCFB, if you recognize someone who is or who may be a client of the SCFB, you will not reveal this to anyone outside the organization;
4. Possess or use alcohol and or/illegal drugs (or be under influence thereof) when involved in a SCFB activity or event;
5. Use abusive, obscene, and discriminatory language at any SCFB activity or event;
6. Engage in any direct personal attack or harassment (visual, verbal, or physical) on another person. The SCFB has a policy against sexual harassment that prohibits certain disrespectful behavior. “Sexual harassment” is any unwanted physical, verbal, or visual sexual advance or other conduct that is offensive or objectionable by the recipient. Violations of the SCFB’s sexual harassment policy may result in the imposition of penalties. A copy of the policy is available for review;
7. Behave in a way that is illegal, unsafe, or contrary to the highest standards or ethics;
8. not take anything for yourself or for your organization unless you have express permission from a SCFB staff member due to SCFB donor’s intent that their contributions be used for the benefit of clients.

**All volunteers shall:**

1. Follow all Workplace Safety Guidelines (page 3);
2. Dress appropriately. No provocative or offensive apparel is permitted. Clothing and footwear must follow SCFB guidelines;
3. Follow proper hand washing techniques (posted at all sinks) prior to beginning work, after using the restroom, as necessary during volunteer shifts, and prior to leaving at the end of each shift. Antibacterial hand gels and disposable gloves are available to use, but these do not replace proper hand washing;
4. Arrive promptly for all volunteer assignments, or notify the Volunteer Coordinator in advance if they are unable to report for their scheduled shifts and times. This will allow the SCFB to plan for your absence and/or to contact substitute volunteers.

**Certification**

I, ** , certify that I have read and understand the Code of Conduct of the Food Bank of the State College Area. I agree to comply with the code as stated and affirm that, to the best of my knowledge and belief, I am not involved in any activity and have no interests that conflict or suggest a potential conflict with the best interests of the Food Bank of the State College Area. I understand that if I do not follow the guidelines set forth above, I may be asked to leave the volunteer location.

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 **(Signature\*) (Date)** **(Parent/Legal Guardian Signature\*)**

*\*If sent electronically, you will need to sign in person when you come to volunteer. Parent/Legal Guardian must sign if the volunteer is under the age of 18.*

**Photographs, films, video, quotes, or audio recordings**

By signing below, I grant the Food Bank of the State College Area the right to use photographs, film, video, quotes, or audio recordings of me or my group for educational and promotional use without payment or remuneration. I acknowledge the SCFB’s right to crop or treat the display of my photograph at its discretion. I understand the SCFB may use these materials in printed and online publications and presentations and may give them to media and other organizations for educational and promotional purposes. I give permission: [ ]  **Yes** [ ]  **No**

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 **(Signature\*)**  **(Date)** **(Parent/Legal Guardian Signature\*)**

*\*If sent electronically, you will need to sign in person when you come to volunteer. Parent/Legal Guardian must sign if volunteer is under the age of 18.*

**Workplace Safety Guidelines**

**In an effort to make the Food Bank of the State College Area, Inc. a safe, organized, efficient, and effective workplace,**

**safety rules are in place at any location where the Food Bank of the State College Area, Inc. operates.**

**It is fully expected that all employees, volunteers, and visitors comply with these safety rules.**

**If you are injured (independently from the SCFB) or are not feeling well, please inform the Volunteer Coordinator**

**before your volunteer shift so that you may be assigned different duties or replaced as needed.**





 All volunteers must be 13 years of age or older

 Eating, drinking, or smoking are allowed in designated areas only

 Closed–toe shoes are required at all times

 Alert staff immediately of any spills, damaged products, or accidents

 Report all unsafe conditions or practices to staff

 Properly lift boxes and/or bags using your legs (not your back), and ask for help when needed

 Authorized drivers of the SCFB van must follow all rules and regulations

**Group Accountability Waiver**

**All groups that plan on volunteering with the Food Bank of the State College Area, Inc. must assign a group leader. The Group Accountability Waiver must be filled out by all group leaders.**

I,  *(Group Leader),* acknowledge that  *(Group Name)* is under my supervision while volunteering at the Food Bank of the State College Area, Inc. I agree to have all members of my group read and sign the Volunteer Code of Conduct form (page 2) and return the signed form(s) to the Food Bank of the State College Area at least a week prior to the scheduled volunteer date.

I understand that should any volunteer(s) in my group violate the Volunteer Code of Conduct, they will be asked to leave the Food Bank of the State College Area property.

 **(Group Leader Signature\*)**   **(Date)**

*\*If sent electronically, Group Leader will need to sign in person when you come to volunteer.*

**The State College Food Bank is always looking for
new volunteers to join our efforts in ending hunger.**

**Thank you for thinking of us, and we hope to work with you soon!**

**Please return this form to:**

**Volunteer Coordinator**

**The Food Bank of the State College Area, Inc.**

**1321 South Atherton Street**

**State College, PA 16801**

**Phone: (814) 234-2310 / Fax: (814) 272-0649**

**Email: volunteer@scfoodbank.org**

**For Office Use Only**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received Via: [ ]  Email [ ]  Mail [ ]  In person

 [ ]  Initial Contact Completed (date & initials) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contacted Via: [ ]  Email [ ]  Telephone [ ]  In person

New Volunteer Orientation: [ ]  Invite sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Scheduled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Position Offered: [ ]  Regular shift – Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Temporary/On Call – Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Write staff person’s initials and record date task is completed:**

 \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Emailed volunteer confirmation \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Volunteer added to Email Address Book

 \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Volunteer contact sheet updated \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Civil Rights Training Completed

 \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Volunteer record added to DonorPerfect \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Handbook Acknowledgement Completed

 \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Volunteer code added to DonorPerfect \_\_\_\_\_\_­­\_\_\_\_\_\_\_ Volunteer name added to schedule board

**NOTES:**