

Volunteer Registration for NH Food Bank Production Garden

Step 1: Individual and Group Volunteers must schedule at least one week in advance of their desired volunteer date.

Step 2: Individual volunteers need to complete a background check. If you obtain a background check through NH Food Bank the price is reduced to \$10. Volunteer groups do not need to complete a background check.

Step 3: All volunteers need to complete Volunteer Information, Volunteer Agreement, and Volunteer Liability Waiver forms, attached. All volunteers must completely read and sign the Liability Waiver, Photographic Release, and Emergency Contact information prior to starting work. If you are under the age of 18 years, a parent or legal guardian must also sign this waiver.

Step 4: All groups must complete and return Recipe for Success Garden Media Policy to NH Food Bank prior to volunteer date. If you wish to have media coverage of your volunteer event, the Garden Media Policy must be submitted at least **two weeks in advance** of volunteer date. Please submit policy to Helen Costello, Recipe for Success Program Manager, for approval.

Step 5: If groups or individuals need to cancel or reschedule their volunteer event, please contact Jason Rivers, Garden Coordinator, at least 24 hours in advance.

Contact Information:

Jason Rivers
Garden Coordinator
Cell: 603-785-7673
Email: jriversnhfb@gmail.com

Helen Costello
Recipe for Success Program Manager
Phone: 603-669-9725 x 145
Email: hcostello@nhfoodbank.org



Recipe for Success Garden Media Policy

The New Hampshire Food Bank Garden Program welcomes volunteer groups in the garden. We use organic methods which are labor intensive and we truly cannot do our work without the generous commitment from groups such as yours who volunteer to help us feed our neighbors in need.

As guests on the property of the Sununu Youth Services Center (SYSC), state owned property, it is important that the New Hampshire Food Bank honors the space and function of the SYSC and maintains strong lines of communication about activities that we conduct on their land.

We ask that any group who schedules a work day at the food bank garden, and who has intentions to contact the media please discuss your plans with the Recipe for Success Program Manager at the New Hampshire Food Bank two weeks in advance of your visit with us. That will allow both the food bank and the SYSC adequate time to convey the information and receive the required approvals to move forward with media stories about activities on the SYSC site.

Thank you for your cooperation and we look forward to your group's participation in the New Hampshire Food Bank Garden.

Please contact:

Helen Costello, Recipe for Success Program Manager at:
603-669-9725 x145

I, _____ (print), understand that any plans to contact the media in relation to the planned volunteer event at the New Hampshire Food Bank Garden will be discussed with the RFS Program Manager in advance. The Program Manager will seek approval from the State of New Hampshire Department of Health and Human Services and the New Hampshire Food Bank Development Department prior to final acceptance of media releases.

_____ (Signature) _____ (Date)



Group Name: _____

Group Address:

Street

City

State

Zip

Group Telephone Number: _____

Group Type: ☐ Church ☐ Service ☐ School ☐ Agency ☐ Business ☐ Other _____

Name of Contact:

Last

First

Title

Contact Telephone Number:

Please list the names of all group members anticipated:

Please indicate the types of activities in which your group may like to participate:

Food Drives

Sorting Non-Perishable Food Donations

Production Gardens

Farm Gleaning

Administrative Support

Sorting Fresh Rescue Recovery Meat

Special Events

Inner City Food Drops

Fund Drives

_____ Sorting Produce

When is your group generally available to volunteer? ____M ____T ____W ____Th ____F ____S

_____ Mornings _____ Afternoons _____ Evenings _____ Weekends _____ As Needed

How often?: _____ Daily _____ Weekly _____ Monthly _____ Other _____ This is a one-time event.

Would you like to receive our quarterly newsletter, *Food for Thought*? _____ Yes _____ No

Group Leader/Coordinator Signature:

Signature _____ Date: _____

For staff use only:

Staff Initials_____

Application Status: Approved_____ Not Approved_____ Reason not approved_____

Data entered: _____ (date)

Volunteer Information Form

CONTACT INFORMATION (REQUIRED)

Name: _____ Date: _____

Last

First

Middle

Address:

Street

City

State

Zip

Contact Info:

Home Phone

Cell Phone

Email

Gender: ___M ___F Date of Birth _____

**** Individual volunteers under 18 years of age must be accompanied by a legal guardian****

INTERESTS AND AVAILABILITY

Are you volunteering as court mandated community service or legal issue? Yes _____ No _____

OR are you volunteering for one of the following reasons:

School _____

Church _____

Individual _____

Group _____
(Name of group)

Please indicate the types of activities in which you may like to participate:

_____ Food Drives

_____ Sorting Non-Perishable Food Donations

_____ Administrative Support

_____ Warehouse Distribution Support

_____ Special Events

_____ Inner City Food Drops

_____ Fund Drives

_____ Sorting Produce

_____ Production Garden (Seasonal)

_____ Farm Gleaning (Seasonal)

What mornings are you available? _____M _____T _____W _____Th _____F _____S

Would you like to receive our quarterly newsletter, *Food for Thought*, via email? _____Yes _____No

Do you have any health problems? ___Y ___N If yes, what? _____

Do you have any unique or special skills you are willing to share? ___Y ___N

If yes, what? _____

Where/how did you first learn of the New Hampshire Food Bank?

For staff use only:

Staff Initials _____

Application Status: Approved _____ Not Approved _____ Reason not approved _____

Liability form complete _____ Volunteer Agreement complete _____ Data entered _____ (date)

Volunteer Agreement

The New Hampshire Food Bank greatly appreciates the dedicated service of volunteers. We could not exist without you! The following policies have been developed to ensure you a safe, productive and rewarding volunteer experience at The New Hampshire Food Bank. Please read and sign at the bottom of the following page.

The New Hampshire Food Bank Commits to:

- Provide adequate information about our mission, work and opportunities for volunteer and public involvement
- Provide extensive and varied opportunities for volunteer involvement in our mission
- Provide an orientation, training and supervision
- Provide feedback and , when appropriate, opportunities for greater responsibility
- Treat volunteers as the equal partners they are in NHFB's fight against hunger and to recognize their efforts accordingly
- Be receptive to all comments from volunteers regarding ways in which we can better accomplish our mutual mission to end hunger. Work to use volunteer's comments and concerns to better NHFB's operations and the Volunteer Program

We ask that volunteers commit to the following policies:

Attendance

Volunteers are required to call ahead to schedule appropriate times to volunteer. They may contact the Volunteer Coordinator who can then provide a schedule to the volunteers and other staff as appropriate. We are generally unable to accommodate walk-in volunteers.

Volunteers are requested to arrive promptly for the volunteer assignment, or notify the Volunteer Coordinator in advance if they are unable to come in at their scheduled time. This will allow NHFB to plan for your absence.

Volunteers are required to sign-in and sign-out on NHFB Volunteer Log Sheet each time they volunteer.

Use of NHFB Assets

- Confidentiality. All information and data about clients, agencies, volunteers, staff and donors of NHFB is strictly confidential and may not be taken or discussed outside the office or with any unauthorized person.
- Personal Use of Items. Food and non-food items are donated to NHFB for various purposes. Products donated for distribution to agencies and clients cannot be used for any other purpose. As a result, volunteers are not permitted to remove donated items from the building for personal use and consumption. Any unauthorized removal of NHFB property or information is theft and is illegal. NHFB reserves the right to search volunteers, including packages or other items if theft or other serious misconduct is reasonably suspected. Theft will constitute immediate removal from the property and prosecution to the fullest extent of the law.

Illness

Volunteering in the NHFB Warehouse or inner city mobile food pantry drop includes handling produce that will be distributed to at-risk and immuno suppressed populations. For that reason, we ask and expect that all volunteers are in good health. If you are ill or have been ill recently, please notify the Volunteer Coordinator and reschedule your volunteer service.

<i>Date</i>	<i>Action</i>	<i>Updated By:</i>	<i>Approved By:</i>
18 October, 2013	New	E.Grenier	E. D'Loughy

Safety

NHFB maintains a drug and alcohol free work environment in all aspects and reaches of its programs. Volunteers who abuse alcohol or drugs are a danger to themselves and others. They will not be permitted to continue as NHFB volunteers.

Volunteers are expected to:

- Wear suitable clothing for a warehouse environment inclusive of CLOSED TOE SHOES. This is a REQUIREMENT to volunteer for the NH Food Bank. Clothing must consist of a shirt that covers the shoulders, no bare midriffs and shorts or dresses at no higher than mid-thigh. Jewelry and accessories that hang or dangle should be removed. This applies when working in our warehouse, mobile food pantry drop or any outside events, No Exceptions.
- Remain in the designated work area.
- Immediately report any injuries and/or unsafe conditions or practices to any NHFB member of management
- Keep eyes and ears open at all times, watching and listening for fork lifts, pallet jacks and other equipment used in the warehouse and at the food drops.
- Respect that shouting, running or participating in horseplay is not allowed at any NHFB event or in the warehouse. This includes riding or playing on carts, pallet jacks or using warehouse machinery. Only NHFB staff members are permitted to use powered equipment.
- Observe the fact that the use of cell phones or headphones by volunteers in warehouse is prohibited. Backpacks, purses, handbags or bulky coats are not permitted in the warehouse. These items must be left in the break area, in lockers or in your vehicle.
- We are not responsible for lost, damaged or stolen personal items.

Drug Free Work Place Policy

The NH Food Bank is a drug free work zone and prohibits the use or sale of any controlled substance by staff and volunteers including alcohol. If a volunteer reports for work under the influence they will be sent home and not welcome to return.

Smoking Policy

Persons over the age of 18 may smoke outside the building in the designated smoking break area. Please do not litter the driveway with smoking materials. Use the receptacle provided.

Standard Volunteer Hours, by appointment only:

Salvage sorting: 8:00am- 11:00am, Monday - Thursday

Fresh Rescue Meat Sorting: 8:30am – 11:30am, Monday – Friday by appointment only

Inner City Mobile Food Pantry: 9am-12pm Saturday mornings

Production Garden: 8:00am – 3:00pm M-F or other hours by appointment

Special Events: Days, Evenings, or Weekends as scheduled

I understand that The New Hampshire Food Bank reserves the right to reassign, reschedule or to discontinue a volunteer's term of service at any time and for any reason.

I certify that I have read and understand the guidelines contained in The New Hampshire Food Bank's Volunteer Agreement. I intend to follow the above guidelines and understand that my continued service will be contingent upon my ability to work productively and safely within these guidelines.

Legal Signature

Date

Printed Name

Policy on Use

Every volunteer required to sign will be provided with a copy of the complete form. Volunteers are encouraged to bring all paperwork home and to review or to have it reviewed in order to ensure their understanding and comfort with the guidelines. In addition, in order to ensure that this form is understood by every volunteer, The New Hampshire Food Bank Volunteer Coordinator will review this document with all those required.

<i>Date</i>	<i>Action</i>	<i>Updated By:</i>	<i>Approved By:</i>
18 October, 2013	New	E.Grenier	E. D'Loughy



Volunteer Liability Waiver Agreement

All volunteers of the New Hampshire Food Bank and its programs, regardless of age, must completely read and sign this Liability Waiver and Emergency Contact information prior to starting work. If you are under the age of 18 years, a parent or legal guardian must sign this waiver also. We deeply appreciate your services and want to indicate our commitment to do the very best to assist you in your volunteer efforts.

Description of Risk: It is possible that your involvement could result in personal injury. A New Hampshire Food Bank staff member will provide orientation and training to alert volunteers to possible dangers and work conditions risks. Please read and acknowledge understanding of risks associated with each area. Risks include but are not limited to bending, stooping, reaching, kneeling, lifting and carrying. I certify that I am in good health and physically able to perform such work. I acknowledge that this volunteer work may involve risk of injury from such work and I agree that I am volunteering for the New Hampshire Food Bank at my own risk.

Volunteer Agreement: In signing this Liability Waiver, I agree that I am willingly volunteering with the New Hampshire Food Bank and its programs. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify the Food Bank staff. I agree I am wearing proper clothes and shoes that I believe will provide protection according to the work conditions. _____ (Initials)

Release: I hereby release New Hampshire Catholic Charities, any and all sponsoring organizations or partners, property owners and the New Hampshire Food Bank from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my participation with the New Hampshire Food Bank. _____ (Initials)

Adult/Child Photographic Release:

Do you consent to film, photo, or video that may be taken of you while you are volunteering at the NH Food Bank to be used by the NH Food Bank or any of its participating agencies for publicity and/or advertising? By agreeing to this you are releasing the NH Food Bank and its agencies from any liability in connection with the use of these materials. Yes ☐ No ☐

Information Waiver: I understand that any information I choose to provide the New Hampshire Food Bank will be held in confidence and that the New Hampshire Food Bank and its programs may use and reproduce anonymously compiled survey results, including any information I may have provided, for purposes of program evaluation, communication and publication.

Participant and Parent Information MUST COMPLETE IN FULL

Participant's Name (please print): _____

Participant's Signature of Agreement: _____ Date _____

Parent/Legal Guardian's Name (please print): _____

Parent/Legal Guardian's Signature: _____ Date _____

Emergency Contact Information

In case of an emergency, please contact: _____

Telephone Number(s): _____ Relationship: _____

<i>Date</i>	<i>Action</i>	<i>Updated By:</i>	<i>Approved By:</i>
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