

Volunteer Application

RIO VISTA FOOD PANTRY

1105-A Airport Road, Rio Vista, CA 94571

P: 707.374.5706

riovistafoodpantry.org

First Name

Last Name

Email

Cell phone

Address

one for your preferred method of communication:

\_\_\_ text

\_\_\_ email

\_\_\_ call

Generally, volunteering is done in **2-hour blocks** or less.

Circle the day or days below on which you have availability to volunteer:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Place a checkmark  next to the task or tasks you would like to experience as a volunteer:

\_\_\_ Coordinate food acquisition

\_\_\_ Coordinate food distributions

\_\_\_ Drive to pick up food in Pantry van  
*(must be able to lift 25 lbs occasionally)*

\_\_\_ Drive to deliver food to homes in personal car  
*(must be able to lift up to 15 lbs regularly)*

\_\_\_ Support for facility and warehouse  
Work *(must be able to lift 25 lbs routinely)*

\_\_\_ Drive to deliver food in Pantry Van  
*(must be able to lift up to 15 lbs regularly)*

\_\_\_ Pack food in refrigerator and freezer

\_\_\_ Separate and pack food for distribution

\_\_\_ Register clients for food distribution

\_\_\_ Set up facility for food distribution

\_\_\_ Distribute food to clients & straighten warehouse (Sundays)

\_\_\_ Sort and store clothing

\_\_\_ Distribute clothing (Sundays)

\_\_\_ Coordinate vehicle care and maintenance

\_\_\_ Work as Receptionist and in office

\_\_\_ Coordinate warehouse and equipment maintenance

\_\_\_ Assist with fundraising and donations

\_\_\_ Assist with annual rummage sale

\_\_\_ Maintain and service office equipment

\_\_\_ Clean facility and carts

\_\_\_ Write grants

In accordance with the attached Civil Rights documentation, I agree to maintain any personal information of clients and volunteers to which I may have access as a volunteer as confidential and/or not be shared or commented upon. Personal information is only to be used by RVFP Directors and authorized personnel for the purposes of conducting RVFP business. Failure to act in accordance with this guideline may lead to removal as a RVFP volunteer.

Signature

Date

Volunteer Waiver

Civil Rights Date

Staff Initials

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## VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between

Rio Vista Food Pantry and

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(Hereinafter "the volunteer")

This document sets forth the responsibilities and understandings of the volunteer and of Rio Vista Food Pantry regarding volunteer's participation in volunteer programs partially or wholly coordinated by Rio Vista Food Pantry.

The volunteer and Rio Vista Food Pantry agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of Rio Vista Food Pantry for any purpose and the volunteer's services are not controlled nor mandated by Rio Vista Food Pantry.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others, that Rio Vista Food Pantry has taken some steps to reduce the chances of injuries or harm to the volunteer, that Rio Vista Food Pantry has no control over most risks, and thus, and does not guaranteed nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service, and that the volunteer must take full responsibility for himself or herself, and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions, and acting in a manner that will help protect himself or herself, and his or her property.
4. The volunteer agrees to waive and release Rio Vista Food Pantry from any and all potential claims for injury, illness, damage, or death which the volunteer may have against Rio Vista Food Pantry that might arise out of the volunteer's service and to hold Rio Vista Food Pantry harmless there from.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care, and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for the repair, or make reparations for the harm done.
7. Rio Vista Food Pantry is not providing the volunteer with insurance coverage for any injuries, conditions, or losses to the volunteer arising out of volunteer activities, except the (organization) does provide liability insurance coverage to all Rio Vista Food Pantry vehicles used during service projects.

8. The volunteer must maintain his or her own primary medical insurance, and the volunteer's own automobile liability insurance when driving a non-Rio Vista Food Pantry vehicle to cover potential medical, and other costs related to the volunteer service, and the volunteer is also encouraged to maintain property and life insurance while service as a volunteer.
9. All costs for injury or loss above the coverage provided by the volunteer's insurance are the volunteer's personal responsibility.
10. In projects where the volunteer will be transporting others in a non-Rio Vista Food Pantry owned vehicle, the volunteer may be required to provide proof of automobile insurance in order to participate.
11. Since volunteers are not Rio Vista Food Panty employees, Rio Vista Food Pantry does not provide worker's compensation coverage for injuries or illnesses to the volunteer arising out of the volunteer.

By signing below, the parties confirm that they have read, understand, and consent to the terms for this waiver agreement.

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Volunteer Signature

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Printed Name

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Date

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Rio Vista Food Pantry Representative Signature

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Lorelyn Hechtman

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Date

## CIVIL RIGHTS ANNUAL TRAINING CHECKLIST FOR CSFP AND TEFAP

**Employee or Volunteer Name (Last Name, First Name):**

**Date of Training:**

**Date Next Training Due:**

The goal of civil rights training is to ensure fairness and equity of treatment and benefit delivery of TEFAP and CSFP. *Additional information from the USDA civil rights web page can be found online at [www.fns.usda.gov/civil-rights](http://www.fns.usda.gov/civil-rights).*

The California Department of Fair Employment and Housing is the state agency charged with enforcing California's civil rights laws. The following link, ([www.dfeh.ca.gov](http://www.dfeh.ca.gov)) provides information about a complaint process, protections regarding recipients of state and federal funding, and references to the applicable California protected bases.

**Instructions:** After reading each section below, and understanding the content, initial each item indicating that you have read and understood the material. If you have any questions about the content that is addressed in this annual checklist, please ask your immediate supervisor.

### TYPES OF DISCRIMINATION

Initials: \_\_\_\_\_

1. Disparate treatment (treating a person differently from others);
2. Disparate impact (neutral rule impacts disproportionately on a group);
3. Reprisal/retaliation against complainant or his/her family, associates or others involved in complaint process or exercising civil rights.

### EXCEPTIONS

Initials: \_\_\_\_\_

Congress can establish a program that is intended for certain groups of people and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination for those who do not meet the age limits.

### WHEN DO CIVIL RIGHTS RULES APPLY?

Initials: \_\_\_\_\_

Federal civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government- not just cash. It can include commodities, training, equipment, and other goods and services.

### LEGAL PROHIBITIONS

Initials: \_\_\_\_\_

The policy of the CDSS Food Assistance Programs is to not discriminate against **any** class of persons in the delivery of services to clients. CDSS expects local programs to provide food to every eligible person who seeks it, regardless of their status as a member of any class of persons. Any Eligible Recipient Agency (ERA) or local agency that directly or through a sub site is found to be discriminating against any class of people is at risk of termination from the program subsequent to an investigation.

### FEDERAL PROTECTED CLASSES

Initials: \_\_\_\_\_

Under federal law, specific classes of persons have a right to file a federal discrimination complaint with USDA if an ERA program or local agency 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

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discrimination complaint are race, color, national origin, sex (including gender identity and sexual orientation), disability and age.

The state of California has additional protected classes including, religious creed and political beliefs.

Complaints based on these classes may be pursued at the state level.

It is also important to note that perception of belonging to a protected class and association with a member of a protected class are also covered in California under a general non-compliance section of the Government Code and may give rise to its own complaint outside of the USDA process.

### **FILING A FEDERAL CIVIL RIGHTS COMPLAINT**

Initials: \_\_\_\_\_

Advise people who allege discrimination based on one or more of the federal protected classes listed above on how to file a complaint by using the *USDA Program Discrimination Complaint Form (AD-3027)*, found online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> and at any USDA office. Complainants may also write a letter addressed to USDA and provide all the information requested in the form.

To request a copy of the complaint form, complainants may call (866) 632-9992. Completed forms or letters may be mailed, faxed or emailed to the USDA at the following addresses:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, DC 20250-9410  
Fax: (202) 690-7442; or  
Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

### **MAINTAIN CONFIDENTIALITY**

Initials: \_\_\_\_\_

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 or inappropriate behavior that should be reported to state or federal officials.

### **COOPERATE WITH STATE AND FEDERAL REVIEWERS**

Initials: \_\_\_\_\_

USDA and CDSS are required to conduct periodic compliance reviews to help ensure compliance with program and civil rights rules.

### **ELIGIBLE RECIPIENT AGENCY MUST TAKE ACTION**

Initials: \_\_\_\_\_

The ERA or local agency must accept all complaints (program, vendor or civil rights) received by the agency and forward to CDSS regardless of whether the complaints are written, verbal, or anonymous. Details for filing complaints are outlined in Section XV of the FNS 113-1 document.

### **CORRECTIVE ACTION FOR NON-COMPLYING AGENCIES**

Initials: \_\_\_\_\_

If there is non-compliance with federal nondiscrimination law by the ERA or sub distributing site, the state will file a report with the USDA FNS Civil Rights Division and will immediately seek correction of the violation by voluntary compliance. Failure of the ERA or sub site to correct any non-compliance with civil rights rules can lead to legal actions and termination from the Federal programs TEFAP and CSFP, as applicable.

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**ACCOMMODATE PEOPLE WITH DISABILITIES**

Initials: \_\_\_\_\_

A disability is a physical or mental impairment which substantially limits an individual's major life activities (such as those who are deaf, hard of hearing or have speech disabilities). Reasonable accommodation is a modification or adjustment to enable individuals with disabilities to have equal access to benefits and privileges of a service or program. Some examples are providing reserved parking for people with disabilities, wheelchair ramps, and chairs or shaded waiting areas for those who have mobility issues. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA for accommodations through the Federal Relay Service at (800) 877-8339 (English); or (800) 845-6136 (Spanish). Ask your supervisor for help in providing additional accommodations for people with disabilities. The Americans with Disabilities Act (ADA) protects individuals with disabilities. The following link (<https://www.ada.gov/>) provides additional resources and contains specific technical assistance materials on the ADA.

**SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY**

Initials: \_\_\_\_\_

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are considered to have Limited English Proficiency (LEP). Meaningful access to program information and services by persons with LEP is required; that means timely, appropriate and effective language services. This may include providing interpreters and providing printed materials in different languages. Consult your supervisor for assistance. The following link [www.fns.usda.gov/civil-rights](http://www.fns.usda.gov/civil-rights) provides limited English proficiency-specific technical assistance materials and references.

**SEXUAL HARASSMENT IS PROHIBITED**

Initials: \_\_\_\_\_

Do not engage in or tolerate unwanted or unwelcomed sexual behavior, including jokes, touching, request for sexual favors, etc. Report all violations to your management, state or federal officials.

**RESPONDING TO CONFLICTS/EMERGENCIES**

Initials: \_\_\_\_\_

If 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.

**CUSTOMER SERVICE**

Initials: \_\_\_\_\_

Treat all people with dignity and respect. Follow the golden rule and treat people the way you would like to be treated. Customer service is an important part of the complaint process, most times people just want to tell their side of the story. A listening ear can make the difference between calming the person down or making the situation worse.

When handling a complaint:

1. Treat everyone equally.
2. Evaluate if there are barriers that are preventing or deterring the person from receiving benefits and try to eliminate them.
3. Be respectful. Remember when people are angry, you can feel that they are taking their frustration out on you.

**PUBLIC NOTIFICATION REQUIREMENTS**

Initials: \_\_\_\_\_

Ensure potentially eligible persons are aware of the program and have information on how to apply and their rights and responsibilities as a participant.

**REQUIRED POSTINGS**

Initials: \_\_\_\_\_

Each ERA, local agency, distribution site, and certification site must display the 'And Justice for All' poster, including translations if necessary, near the location where applicants apply or register for the program. All 'And

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Justice for All posters must be displayed in a specific size: 11" width x 17" height.

The nondiscrimination statement must be placed on all program materials, including websites.

For agencies that are religious organizations, the "Written Notice of Beneficiary Rights" must be displayed or distributed to all participants and prospective participants.

**CSFP REQUIREMENT ONLY - FNS 191 Racial and Ethnic Data Collection** Initials: \_\_\_\_\_

Each local agency and/or each sub-site shall collect the number of participants receiving food packages by racial/ethnic category during the month of April each year, unless otherwise specified by CDSS. This count may be collected as a manual head count of food package recipients or may be collected from a review of certification forms. Self-identification or self-reporting of this information is the preferred method. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws.

The participant's response will not affect consideration of the application and may be protected by the Privacy Act. Providing the information assures the program is administered in a nondiscriminatory manner. If the applicant declines to self-identify, the applicant should be informed that a visual identification of his or her race and ethnicity will be made and recorded in the data system.

The FNS-191 report must be submitted each year to CDSS.

**LEVEL 1 TRAINING CERTIFICATION**

I, \_\_\_\_\_ (Print your First and Last Name) have read and understood the content of this civil rights training. I agree to follow the civil rights instructions as listed above while working as staff or volunteering for \_\_\_\_\_ (Print Agency Name). I understand that this checklist must be reviewed and completed annually.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**LEVEL 2 TRAINING CERTIFICATION**

To be completed by TEFAP and CSFP staff at CDSS, program management staff at any provider (ERA or Local Agency), and lead program volunteers at any distribution site.

I, \_\_\_\_\_ (Print your First and Last Name) have viewed and understand the civil rights information contained in the FDU Civil Rights Presentation. I agree to follow the civil rights instructions as indicated in this checklist and in the FDU Civil Rights Presentation while working as staff or volunteering for \_\_\_\_\_ (Print Agency Name). I understand that this checklist and the FDU Civil Rights Presentation must be reviewed and completed annually.

Signature \_\_\_\_\_

Date \_\_\_\_\_

All staff and volunteers who complete this training must sign the FDU 113 checklist. The FDU 113 replaces the Certification of Completion used in previous years.

**ADDITIONAL INFORMATION CAN BE FOUND IN FNS INSTRUCTION 113-1 REGARDING CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT.**

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