

Greater Richmond Interfaith Program--- 165 22nd Street, Richmond, CA 94801

Volunteer Application



Contact Information

Name:	
Street Address:	
City ST Zip Code:	
Cell Phone:	
E-Mail Address:	

Availability

During which hours are you available for volunteer assignments?

Weekday Mornings		Weekday Afternoons		Weekday Evenings	
Weekend Mornings		Weekend Afternoons		Weekend Evenings	

Area(s) of Interest

Please tell us in which areas you are interested in volunteering –

Office Administrative	Volunteer Coordinator	Phone Bank	Meal Prep
Special Events	Building Maintenance	Field Services	Meal Serving
Fundraising	Data Entry	Marketing	Training
Janitorial	Other Areas of Interest		

In Case of Emergency

Please Contact _____ Relationship _____

Contact Number _____ - _____ - _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

I hereby grant permission to GRIP to take and/or use photographs and/or video of me in publications, news releases, online and in any other social communities.

Statements of Receipt

Statement of Receipt: "I understand the contents of this documentation and agree to the terms of this agreement. I understand a copy of this notice will be kept on file with the GRIP Administrative Office."

Volunteer Signature

Date

Statement of Receipt: "I have explained every detail regarding this agreement and the volunteer understands this agreement is non-paid and will not result in employment."

Please complete liability portion on the reverse side

Thank you for completing this application form and for your interest in volunteering with us!

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Volunteer Agreement

This Agreement, made on _____ (date) by and between the Greater Richmond Interfaith Program (GRIP), referred to as "non-profit" and _____ referred to as "volunteer."

Terms of Agreement

Whereas, said volunteer intends to donate time/services to the charity identified above, and said charity intends to accept the donation of volunteer services. NOW THEREFORE, in consideration of the mutual promises, the parties hereto agree as follows:

1. Volunteer agrees to donate time/services to charity in the capacity of _____ (title). Said services shall include, but may not be limited to, the following:

(see attached sheet, if necessary)

2. This agreement is mutually and clearly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.
3. Volunteer agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom volunteer has been assigned to perform services, and to participate in any training required by the charity in order to perform the voluntary services.
4. Volunteer agrees that he/she will not be considered to be an employee of the charity, for any purposes other than tort claims and injury compensation, while performing the above described voluntary services.
5. Volunteer further understands that he/she is responsible for injuries to third parties or damages to their property while acting outside the scope of assigned volunteer duties, that said volunteer may be held personally liable for any monetary damages a court may award to the injured party.
6. It is further understood and agreed to by volunteer that the services rendered to the charity shall apply only in the case of liability arising out of the ordinary negligence that occurs during the scope of the volunteer's services agreed to herein, and that in no way do any of these provisions apply for the benefit of volunteer, his/her heirs, executors or administrators in any action arising out of gross negligence, willful misconduct, or any other conduct on the part of said volunteer, which cause or may give rise to criminal liability.
7. Volunteer further agrees that volunteer will fully cooperate with the charity and its agents in any investigation, lawsuit, arbitration, or any other legal or quasilegal proceedings that arise from the matters covered by this agreement. Volunteer further agrees to notify the charity immediately of any incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer of the charity.
8. I understand that my volunteer assignment will begin on _____ and end on _____; and that I will spend approximately _____ hours per day or week providing volunteer services to GRIP. I also understand that my volunteer assignment may be terminated at any time by either party to this agreement.

In Case of Emergency

Please Contact _____ Relationship _____

Contact Number _____ - _____ - _____

Statements of Receipt

Statement of Receipt: "I understand the contents of this documentation and agree to the terms of this agreement. I understand a copy of this notice will be kept on file with the GRIP Administrative Office."

Volunteer Signature

Date

Statement of Receipt: "I have explained every detail regarding this agreement and the volunteer understands this agreement is non-paid and will not result in employment."

Executive Director

Date



GREATER RICHMOND INTERFAITH PROGRAM

165 22nd Street
Richmond, Ca 94801
Office: 510.233.2141
Fax: 510.233.7127

To: All Volunteers

Welcome to GRIP, the home of the West County CARE Center. We are very pleased that you have chosen our organization as the site to volunteer or complete your community service hours. Your service is valued and appreciated by all of our staff and by the patrons who come here to get services. In order to ensure the success of your experience, we ask that you abide by the following rules.

1. Report to the Facility on time: generally, 8:30A.M. or whatever time you have confirmed with the Resource Center Supervisor. Be prepared to stay until the end of your designated hours.
2. Please call as soon as possible if you are unable to come as scheduled. An unexcused absence will result in you being dropped from the schedule and you will be unable to complete your hours at this site.
Our number is 510.233.2141. X 310
3. You will be assigned a particular job or task. Please inform the on-site Supervisor if you need a break, need to use the phone, or if you are feeling sick, or experiencing some emergency.
4. We ask that you abide by our dress code: no sandals, no cut off jeans, no bare midriff, and no tank top tops or spaghetti strap shirts. Please have on closed toe shoes for safety.
5. Different organizations require their own specific time sheets and requirements. If you are completing hours with a program that requires their own timesheet, you must use the time sheet given to you and we will sign off on the documentation.
For Students we will document your hours on a GRIP letterhead.
6. While you are completing your hours, please do not bring radios, CD Players, friends or relatives, children or pets to the site.
7. Do not report to work under the influence of alcohol or drugs. Treat your volunteer service as you would a job.
8. As you interact with the patrons coming to eat, please respect their dignity at all times. It is important to be positive, friendly, and courteous. However, do not be overly friendly or intrusive. If a problem should arise, please do not try to handle it yourself; bring it to the attention of the person in charge.

I have read, received a copy of, and agree to abide by the above rules.

Signature

Date

Greater Richmond Interfaith Program

165 22nd Street, Richmond, CA 94801

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:

The Soil Ecology Society, (SES) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that GRIP and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature
(Please print legibly.)

Date

Participant's Name

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)

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.*

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) 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, 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.

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.

ACCOMMODATE PEOPLE WITH DISABILITIES

Initials: _____

A disability is a physical or mental impairment which substantially limits an individual's major life activities

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(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 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 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.

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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, _____ (<i>Print your First and Last Name</i>) 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 _____ (<i>Print Agency Name</i>). 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, _____ (<i>Print your First and Last Name</i>) 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 <u>and</u> in the FDU Civil Rights Presentation while working as staff or volunteering for _____ (<i>Print Agency Name</i>). 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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