

# Volunteer Brochure and Agreement



#### and the Oregon Food Bank Network

# Oregon Food Bank **Partner Agency**

AN EQUAL OPPORTUNITY PROVIDER

#### Volunteers are vital

Thank you for volunteering your time to make a difference in the lives of those who face hunger. Thousands of dedicated volunteers, like you, help distribute food quickly and efficiently to help people who are hungry. Last year, volunteers donated more than 1.7 million hours at partner agencies throughout our network! We value your time and commitment.

This brochure summarizes important policies for a safe and equitable environment that all volunteers need to follow. If you have questions about the policies below, please ask your supervisor or agency coordinator for more information.

# **Civil rights and discrimination**

As a volunteer, you'll be working with a wide variety of people from different backgrounds. We ask you to treat each individual with the same dignity, kindness and respect that you would expect if you were in their shoes.

Oregon Food Bank requires its programs and volunteers to follow federal and state rules regarding discrimination.

# What is discrimination?

**Discrimination includes:** 

Differential Treatment: Treating clients differently because of their race, gender, religion, sexual orientation, etc. For example, refusing service to someone because of their race or having different eligibility rules depending on a client's religion.

Discriminatory Impact: Treating people in a way that is not intended to be discriminatory, but has that effect. For example enforcing a rule that may be neutral on its surface, like requiring a certain kind of documentation, but has a larger impact on people of a certain race, gender, sexual orientation, national origin, etc.

# **Protected classes**

Race

Disability

Ancestry

You cannot discriminate based on a person's:

- Age
   Citizenship
- National origin
  Military status
  - Ethnicity

Color

• Sex

- Veteran status
  - Creed
- Familial or marital status
- Political or religious affiliation
- Sexual orientation including gender identity
- Unfavorable discharge
  from military

# **Best practices**

Be aware of your beliefs and the effect they might have on the service you provide. Do your best to provide equal and consistent treatment to everyone.

In general, try to meet people's special needs, whether physical, dietary (diabetes, allergies, etc.) or religious (Kosher, Halal, etc.).

Be prepared to provide program information for people with disabilities or for people who don't speak English (for example, you may need to read materials out loud or have them translated into other languages).

Reach out to your community. Don't limit your food program to members of a certain church congregation or other group.



# Oregon Food Bank Partner Agency

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#### **Civil rights complaints**

In order to protect clients from discrimination, the Fair Housing Council of Oregon has a civil rights complaint procedure. Clients who want to make a civil rights complaint can call the Civil Rights Hotline, **800-453-5511**.

All clients have the legal right to file a discrimination complaint for any reason, at any time.

#### Agency staff and volunteers:

- Cannot retaliate or seek revenge against someone
  who wants to or does file a complaint
- Cannot refuse to help with or make it difficult for someone to file a complaint
- Must be willing to help resolve the complaint
- Must keep proper records of all complaints

# Do you know what to do if:

- Someone wants to make a discrimination complaint?
- Someone wants to receive food, but does not speak English?
- Someone is homeless or doesn't have a permanent address?

If you answered "no" to any of these questions, ask your supervisor or agency coordinator for more information.

#### Other policies and procedures Client confidentiality

As a volunteer, you'll have access to client records. To protect the privacy and dignity of the people we serve, all information about clients is strictly confidential. Please do not share information you may have about a client's situation with others, including other volunteers.

#### Personal safety and respect

Our goal is to maintain a safe and warm environment for volunteers, staff and clients. Intimidation, threats or violent acts will not be tolerated. Volunteers under the influence of drugs (unless prescribed by a physician) or alcohol will be sent home.

If you are concerned about someone's behavior, please let your supervisor or agency coordinator know.

#### Injury

Please report all injuries, even minor scrapes and bumps, to your immediate supervisor. Any time you are injured while volunteering, please complete and sign an accident report provided by your supervisor.

#### Use of food

The products on our shelves are for distribution to people who are hungry. IRS and Oregon Food Bank rules prohibit donated product from being eaten by staff and volunteers because it could be considered a form of payment. Unless you've been directly given food or drink by your supervisor or agency coordinator, please do not eat or drink it. If you qualify for and would like to receive an emergency food box, please let your supervisor or agency coordinator know. You will need to follow the same steps to receive a food box that any client would.

#### At will relationship

The program can terminate a person's status as a volunteer, with or without cause, at any time. Volunteers can terminate their relationship with the program, with or without cause, at any time.

#### **Release from liability**

Volunteers release the organization and its agents, representatives, trustees, officers, employees and volunteers from any liability arising out of damage, loss or injury to the volunteer or his/her property that happens as the result of volunteer activities. The volunteer's estate will hold the food program and its agents, representatives, trustees, officers, employees and volunteers harmless from any claims or actions by relatives or by legal representatives based on death or injury from volunteer activities. Once you have read and understood this information, please sign and date the form below and give it to your supervisor or agency coordinator. The rest of the brochure is yours to keep. Please review it often and talk to your supervisor or agency coordinator about any questions you have. Our goal is to maintain a safe, inviting and fair food program to serve people who are hungry.

We appreciate your help!

#### Volunteer name:

Signature of volunteer:

Date:

