

# GREER RELIEF

EVERY NEIGHBOR MATTERS

## VOLUNTEER WAIVER & RELEASE OF PERSONAL LIABILITY

I have freely volunteered my time and services to Greer Relief and agree to the following:

- (1) Assumption of Risk. I fully understand and comprehend that reasonable care will be exercised by Greer Relief to protect the safety of staff and volunteers; however, I understand that volunteer activities may entail risks of physical injury, illness, property damage, or other harm. I understand and voluntarily assume all such risks of my own free will.
- (2) Scope / Locations. This Waiver applies to all volunteer activities with Greer Relief, whether on-site or off-site, including events, outreach activities, partner-site activities, and reasonable travel in connection with approved volunteer service.
- (3) Release. To the fullest extent permitted by law, I hereby release and hold harmless Greer Relief, its board, directors, officers, employees, agents, and any co-sponsoring organizations or individuals from any and all claims, losses, liabilities, or damages arising from or in any way related to my volunteer service or participation in Greer Relief activities.
- (4) Limitation. This Release does not apply to claims arising from Greer Relief's gross negligence or willful misconduct, to the extent such claims cannot be waived under applicable law.
- (5) Indemnification. To the fullest extent permitted by law, I agree to indemnify and hold harmless Greer Relief, its board, directors, officers, employees, and agents from and against claims, demands, causes of action, damages, losses, and expenses (including reasonable attorneys' fees) arising out of or related to my own acts or omissions in connection with my volunteer service.
- (6) Emergency Medical Consent. If there is a case of emergency, accident, or illness and I am unable to give verbal consent or dissent otherwise, I give my permission to be given any medical treatment which is deemed necessary and reasonable under the circumstances, including being taken to a medical facility. I understand I am responsible for any costs of such care.
- (7) Photo/Video Release (Opt-Out). I understand that photographs or videos may be taken during Greer Relief activities. Unless I opt out below in writing, I agree that photographs or videos taken of me may be used by Greer Relief in any materials or publications, printed or electronic.
- (8) No Employment Relationship. I understand that I am a volunteer and not an employee of Greer Relief. I am not entitled to wages, employee benefits, or workers' compensation coverage except as required by law.
- (9) Severability. If any provision of this Waiver is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

By my signature below, I am acknowledging that I have read this waiver, understand it, and freely and voluntarily agree to its terms and conditions for myself or for a minor for which I am the legal guardian.

Print Your Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

(if volunteer is under 18 years of age)

I DO NOT consent to photo/video use.

For purposes of this agreement, "neighbors" refers to individuals and families served by Greer Relief.



## VOLUNTEER CONFIDENTIALITY AGREEMENT

All neighbor information, activities, conversations, and records must be kept strictly confidential. Any information concerning prospective, current, and past neighbors may not be released. Neighbor confidentiality always applies and does not end when a neighbor ceases to receive services or a volunteer ceases to serve.

I agree to always:

- Keep all communications between staff, volunteers, and neighbors confidential.
- Follow Greer Relief’s non-discrimination expectations and any applicable USDA requirements.
- Serve all neighbors’ needs with compassion, sensitivity, and without judgment.

I agree to never:

- Remove any neighbor’s information or paperwork from the premises.
- Discuss a neighbor’s personal situation with anyone who is not authorized to know.
- Record or use any neighbor’s information for my own purposes.
- Reveal a neighbor’s identity in any way.
- Repeat anything a neighbor tells me to anyone not involved in supporting that neighbor.
- Discuss a neighbor’s immigration status with anyone.
- Tell a neighbor how to live their life or how to spend their money.

I have carefully reviewed and agree to abide by Greer Relief volunteer policies and procedures as described above. I understand that failure to abide by these policies and procedures may result in termination of my volunteer services.

Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_

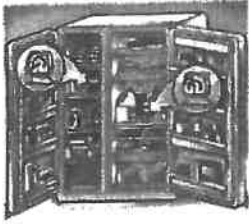
As a volunteer, I may receive food if in need of assistance. By signing this form, I agree to abide by the following:

1. I understand that I must follow the same policies and procedures as all other families/individuals seeking food assistance.
2. I understand that I must sign in both as a volunteer and on the Daily Food Issuance Log.
3. I understand that I must complete an application and sign each time I receive food assistance.
4. I understand that I will receive the same amount of food as all other neighbors.
5. I understand that I will not be allowed to go first and/or skip the line.
6. I understand that I will not be allowed to get extra food items because I volunteer.
7. I understand that I will only be responsible for my household and will not be allowed to take food for others.

Print Name of Staff/Volunteer \_\_\_\_\_ Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

*For purposes of this agreement, “neighbors” refers to individuals and families served by Greer Relief.*



## General Food Safety for Pantries



The following training is intended for programs that provide food to households to take home. This training is not appropriate for programs that prepare meals for consumption. In those instances, courses provided by ServSafe® are required.

**Harvest Hope Food Bank requires Food Safety Training for all agency partners. Proper Food Safety can help prevent food borne illness.**

### Personal Hygiene

- Wash your hands frequently
  - Especially after eating, drinking, smoking, touching your face, nose, ears, hair, handling waste, using the restroom, coughing or sneezing, etc. (Assessment questions 2 & 5)
  - Use hot water, liquid soap, and disposable paper towels. You should scrub your hands and arms for at least 10-15 seconds (Assessment question 16)
- Jewelry, watches, nail polish, false fingernails should not be worn when handling food
- Wash hands after handling raw foods (*uncooked meat, poultry, eggs, produce, etc.*) and before handling cooked foods. Wear gloves if required. Wear aprons if required.

### Receipt of Food

- Check all food that you receive
- Canned food must be labeled and not have: Swollen Ends, Leaks, Seal problems, Lids that are popped, Major dents, or Rust. (Assessment question 13)

**Motto to live by: *When in doubt, throw it out!***

## **Product Dates**

- A “sell by” date tells the store how long to display the product for sale. You should buy the product before the date expires.
- A “Best if used by (or before)” date is a recommendation to help you get the best quality or flavor. It is not meant as a purchase or safety date.
- A “Use-by” date is the last date recommended for the use of the product at peak quality. The product’s manufacturer determines this date.
- Please **Do not** distribute baby food and formula after it has expired. (Assessment question 12)

## **Storage**

- Rotate to ensure that the oldest food is used first. First In, First Out (FIFO). (Assessment question 7)
- Check the shelf life of food.
- Store food and supplies properly:
  - Store at least 6 inches off the floor. (Assessment question 6 & 15)
  - Store at least 4 inches away from the wall.
- Store food at the proper temperature.
- Store food separate from sanitation, maintenance, and consumer chemicals like shampoo, cleaning supplies, etc. (Assessment question 1)

## **Cross-Contamination**

- The transfer of a contaminant from one surface to another (Assessment question 3)
- Prevent cross-contamination when storing and handling food.
- When cross-contamination occurs, report it.
- Cross-contamination with allergens is serious: Allergens include wheat, soy, milk, eggs, peanuts, tree nuts, fish, and shellfish.

Types of common contaminants include:

- **Physical**: Wood, metal, glass, paint chips, hair, etc.
- **Chemical**: Cleaning chemicals, maintenance chemicals, pesticides, etc.
- **Biological**: Microorganisms, insects, rodents, birds, etc.

## **Controlling Time and Temperature**

- Each refrigerator and Freezer should contain a thermometer.
- Document temperature readings for your refrigerators and freezers.
- Harvest Hope Food Bank has temperature logs available.
  - Store and transport refrigerated foods at 40° F, or less.
  - Store and transport frozen foods at 0° F, or less. (Assessment question 14)
- Check the temperature of food and storage areas with verified thermometers.
- Thaw frozen foods at 40°F, and never at room temperature. Food may also be thawed by using a microwave oven, or under running cold water.
- Keep hot food at 135°F (57°C) or higher. (Assessment question 9)
- Keep cold food at 40°F (5°C) or lower. (Assessment question 10)
- Keep frozen food frozen.
- Separate raw and cooked foods in refrigerators. Raw meat should be stored below other foods.

## **Cleaning and Sanitizing**

- To properly clean you should:
  - Clean the surface, rinse the surface, sanitize the surface, and allow to air-dry (Assessment question 4)
  - Surfaces should be cleaned and sanitized each time you use them (Assessment question 8)
- For non-porous surfaces:
  - You can make a simple sanitizer by combining 1 tablespoon of household bleach with 1 gallon of water
- For porous surfaces:
  - 3 tablespoons of bleach with 1 gallon of water

## **Pest Control**

- Preventative Maintenance is the key to keeping your area pest free.
- The food storage area should be kept clean and free of debris. (Assessment question 11)
- Ensure that all stored products are sealed properly.
- Inspect the food storage area every 30 days for signs of pest infestation. We recommend that you document findings.
- Work with a licensed Pest Control company to eliminate any pests.
  - Inspect stored products to ensure that no damage or infestation has occurred. Once evidence of pest infestation has been determined, discard any damaged products.

## **Final Thoughts:**

Please Make sure.....

- You practice good personal hygiene
- Food is prepared and handled in a safe manner
- The food you receive is safe and stored properly
- You are being proactive to prevent cross contamination
- You have thermometers in refrigerators and freezers and you check and log temperatures daily
- All food handling equipment and all surfaces are clean and sanitized after each use
- Preventative pest control is being practiced

**Food Safety for Food Pantries Assessment: Please answer true or false**

1. It is ok to store shampoo above food if the shampoo is stored \_\_\_\_\_
2. You should wash your hands after you take out the trash \_\_\_\_\_
3. Cross-contamination occurs when a pathogen is transferred from one surface to another \_\_\_\_\_
4. The correct steps to clean and sanitize are: clean, rinse and sanitize \_\_\_\_\_
5. You do not need to wash your hands after taking a smoke break \_\_\_\_\_
6. Food should be stored 4 inches off the floor \_\_\_\_\_
7. The oldest food should be given out first \_\_\_\_\_
8. Surfaces should be cleaned and sanitized once a day \_\_\_\_\_
9. Hot foods should be kept at a minimum temperature of 120°F \_\_\_\_\_
10. Refrigerators should be kept at 40°F or below \_\_\_\_\_
11. The food storage area should be kept free of debris to prevent pest infestation \_\_\_\_\_
12. Baby food can be distributed after the expiration date \_\_\_\_\_
13. Cans that are leaking should be thrown out \_\_\_\_\_
14. 2° F is an acceptable temperature for a freezer \_\_\_\_\_
15. Food can be stored on the floor if it is in the case \_\_\_\_\_
16. It is ok to wash your hands with cold water \_\_\_\_\_

**Date:** \_\_\_\_\_

**Food Pantry Name:** \_\_\_\_\_

**Pantry Volunteer Printed Name:** \_\_\_\_\_

**Pantry Volunteer Signature:** \_\_\_\_\_

# **HARVEST HOPE FOOD BANK**

## **CIVIL RIGHTS AGENCY TRAINING**





## Civil Rights for Partner Agencies



**Harvest Hope Food Bank requires Civil Rights Training for all agency partners and their staff/volunteers on an annual basis.** (Assessment Question 1)

### Civil Rights

**Includes but is not limited to the following:**

- Data Collection and Reporting
- Public Notification
- Americans with Disabilities Act
- Limited English Proficiency
- Customer Service
- Conflict Resolution
- Processing Civil Rights Complaints
- Compliance Reviews and Resolution of Noncompliance

#### Data Collection & Reporting

USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Is this program being administered fairly to all regardless of race, color, national origin, sex, disability, age, etc. (Assessment Question 2)

#### Public Notification

**Program Availability:** Agencies must notify the public, including minority and grassroots organizations of program availability and eligibility standards at least once per year. This should be done in the form of website notification, newspaper ad, social media or any other method used to inform the public of services. In this public notification, you should have the following: (Assessment Question 10)

- (1) Days and hours of operation and
- (2) Any information the client will need to bring for food service (for example a picture ID)

\*Please note social security cards are not required and this info should not be copied. (Assessment Question 9)

- Please keep in mind that if you provide "other" (rent assistance, electricity assistance, etc) services and require additional documentation to please make sure clients are clearly aware of the difference in the programs and the qualifications.
- Once you disseminate information to the public you MUST have the entire Non-Discrimination Statement on the notation- No EXCEPTIONS! (Assessment Question 7)

## **Americans with Disabilities Act (ADA)** (Assessment Question 6)

**The Americans with Disabilities Act (ADA)** became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else.

## **Limited English Proficiency (LEP)** (Assessment Question 5)

Recipients and federal agencies are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

It is important to ensure that written materials routinely provided in English also are provided in regularly encountered languages other than English. It is particularly important to ensure that vital documents are translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be affected by the program or activity.

## **Complaint Information**

Applicants and participants must be advised of their right to file a complaint, how to file a complaint, and the complaint procedures. Any person alleging discrimination has a right to file a complaint within 180 days of the alleged discriminatory action. (Assessment Question 4)

- Complaints may be written or verbal.
- Must be submitted to FNS Civil Rights Office within 5 days.

## Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## And Justice for All Poster (AJFA)

This Green and white poster with the USDA building in Washington D.C. must be prominently displayed at all certification/distribution sites along with current Federal Income Guidelines.

(Assessment Question 3 & 8)



**Civil Rights Assessment: Please answer true or false**

1. Civil Rights Training should be completed once a year \_\_\_\_\_
2. Hair color is a Federally protected class \_\_\_\_\_
3. The And Justice for All Poster does not need to be displayed each time you distribute food \_\_\_\_\_
4. An individual has 30 days to file a complaint \_\_\_\_\_
5. Limited English Proficiency (LEP) clients can be told to learn English or they won't receive services \_\_\_\_\_
6. The Americans with Disabilities Act (ADA) requires agencies to have a plan to ensure access for people with disabilities \_\_\_\_\_
7. Once you disseminate information to the public, you must have the nondiscrimination statement on the notification \_\_\_\_\_
8. The current And Justice for All Poster is Red, White & Blue \_\_\_\_\_
9. You may require a client to bring in social security cards for service \_\_\_\_\_
10. A flyer on the door is an acceptable form of Public Notification \_\_\_\_\_

I affirm by my signature that I have completed the Civil Rights Assessment for my agency

**Date:** \_\_\_\_\_

**Food Pantry Name:** \_\_\_\_\_

**Pantry Volunteer Printed Name:** \_\_\_\_\_

**Pantry Volunteer Signature:** \_\_\_\_\_