



Okanogan County Food Bank And/Or Okanogan Food Pantry Volunteer Application

Last Name/Apellido(s): _____ First Name/Nombre(s): _____

City/Ciudad: _____ Birthdate/Fecha de Nacimiento: _____

Phone/Telefono: _____ Email: _____

Date you are available? A partir de que fecha estaria disponible _____ Are
you available/Estas Disponible: _____ & _____

Monday/Lunes

Tuesday/Martes

Wednesday/Miercoles

Thursday/Jueves

Friday/Viernes

Emergency Information/Informacion de Emergencia:

Name/Nombre: _____ Phone/Telefono: _____

Relation/Relacion: _____

As a volunteer with OCCAC, I understand and agree to the following:

I may handle confidential client information and will maintain strict confidentiality at all times. My volunteer work is unpaid and entirely voluntary. OCCAC may use photos, videos, voice recordings, and statements featuring me for promotional purposes, including newsletters, social media, blogs, and news articles.

Volunteers must be at least 14 years old. Those under 16 must be accompanied by a parent/guardian and remain in the assigned work area. Unfortunately, we cannot accommodate children under 14-years-old.

OCCAC reserves the right to terminate my volunteer role at any time. I certify that all information provided in my application is accurate and complete.

Thank you for your interest in volunteering with the Okanogan Food Pantry and/or Okanogan County Food Bank! Please submit completed forms to the Food & Nutrition Department at nutrition@occac.com. We'll review your application and follow up with next steps.

Volunteer Signature: _____ Date _____

Parent or Guardian Signature _____ Date _____

Printed Name of Guardian _____



BACKGROUND CHECK AUTHORIZATION FOR VOLUNTEERS

Disclosure to Applicant/Employer that a Consumer Report may be obtained by organization

In compliance with Public Law 91-508 (*the Fair Credit Reporting Act*), as amended by Public Law 104-208 (*the Consumer Credit Reporting Reform Act of 1996*) and applicable state law, this notice is to inform you that a Consumer Report may be obtained in connection with your application for volunteering or ongoing volunteering with the organization (OCCAC). "Consumer Reports" include, but are not limited to credit reports, criminal background checks, and motor vehicle reports.

Name: _____
Nombre Last/Ultimo First/Primero Middle/Medio

Maiden Name: _____
Apellido de soltera Last/Ultimo First/Primero Middle/Medio

Alias Name(s): _____

Nombres de Alias _____

Date of Birth/Fecha de Nacimiento (MM/DD/YYYY): _____

I understand I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as an employee or potential employee of Okanogan County Community Action Council. I hereby authorize OCCAC to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. I understand federal and state laws may require release of the results of this background check and any prior background checks in response to public disclosure request and any permission to conduct a Criminal Background check on me any time during my volunteering with OCCAC.

As an OCCAC volunteer, I understand that an unacceptable credit report, criminal background check, or motor vehicle report may result in disciplinary action, including possible suspension and/or dismissal.

Signature of Volunteer/Firma

Date/Fecha



Volunteer Liability Waiver and Release of Claims

Organization: Okanogan County Community Action Council (OCCAC)

Event/Activity Location: Warehouse, Food Pantry, Various farms and orchards in partnership with OCCAC.

Volunteer Name: _____

By signing below, I acknowledge and agree to the following:

1. Assumption of Risk:

I understand that volunteering on farms and orchards may involve physical activity, use of tools or equipment, contact with animals, uneven terrain, and other risks that could result in injury, death, or other consequences that may arise or result directly from volunteering. I am volunteering of my own free will and fully understand and agree to assume all risks associated with these activities.

2. Release of Liability:

I release, indemnify and hold harmless OCCAC, its staff and directors, farm owners, orchard owners, and any associated personnel from any and all liability, claims, or demands for personal injury, illness, property damage, death or loss arising from or related to my volunteer participation.

3. Personal Responsibility:

I understand that I am responsible for my own safety and well-being while volunteering. I agree to act responsibly and follow all instructions given by OCCAC or farm/orchard staff.

4. Medical Care:

I understand that OCCAC and associated farm/orchard owners do not provide medical insurance or coverage for volunteers. I am responsible for my own medical care and any related costs. In the event that I require emergency medical treatment, I give permission for evaluation, diagnoses, treatment, and/or medication in accordance with the standard medical practice by licensed medical personnel. I relieve OCCAC of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of the performed treatment.

By signing this waiver, I acknowledge that I have read and understood this document, and I voluntarily agree to its terms. This waiver, release, hold harmless and indemnity agreement shall be binding on this date.

Signature: _____

Date: _____

Printed Name: _____



Washington
State Department of
Agriculture

Food Assistance
PO Box 42560
Olympia, WA 98504-2560
foodassistance@agr.wa.gov

Annual Civil Rights Training

For Frontline Staff/Volunteers/Managers who assist with The Emergency Food Assistance Program (TEFAP) and/or the Commodity Supplemental Food Program (CSFP)

Section 1 — All Frontline Staff, Volunteers, and Program Managers

- **Goals of Civil Rights** — Fairness and equality of treatment and benefit delivery.
- **Types of Discrimination** — Disparate treatment (treating a person differently from others); disparate impact (neutral rule impacts disproportionately on a group); reprisal/retaliation against complainant or his/her family, associates, or others involved in complaint process or exercising civil rights.
- **Exceptions** — 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 the 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?** 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 commodity foods, training, equipment, and other goods and services.
- **Legal Prohibitions** — The policy of WSDA Food Assistance is to not discriminate against any class of persons in all services to clients. WSDA expects local programs to provide food to every person who seeks it, regardless of their status as a member of any class of persons. Any Lead Agency that directly or through a Sub Agency is found after investigation to be discriminating against any class of people is at risk of termination from the program.
- **Federally Protected Classes** — Under federal law, specific classes of persons have a right to file a federal discrimination complaint with USDA if a local program 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 discrimination complaint are: race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- **Washington's Protected Classes** — Washington's nondiscrimination law includes the above protected classes as well as: citizenship or immigration status, families with children, marital status, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.
- **Filing a Federal Civil Rights Complaint** — Advise people who allege discrimination based on one or more of the federally 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/ad-3027.pdf> 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:
 - Mail: 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

USDA is an equal opportunity provider.

- **Filing a State Discrimination Complaint** — Advise people who allege discrimination based on one or more of the state-protected classes of people listed above that they may file a discrimination complaint with the Washington State Human Rights Commission. A description of the processes and a link to the forms are online and can be found at: <https://www.hum.wa.gov/file-complaint>.
- **Verbal Complaints** — In the event that a complainant makes the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made must write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
 - Name, address, telephone number, or other means of contacting the complainant.
 - Specific location and name of the state agency, local agency, or other sub-recipient delivering the service or benefit.
 - Nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants.
 - Basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, age, disability, or sex.
 - Names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action.
 - The date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.
- **Additional Nondiscrimination Laws** — In addition to federal and state law, local programs may be subject to city or county nondiscrimination laws. Programs should check with their local government to confirm whether there are any local nondiscrimination laws. Agencies must comply with local laws.
- **Maintain Confidentiality** — 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 behavior that should be reported to local, state, or federal officials.
- **Cooperate with State and Federal Reviewers** — USDA and Washington State Department of Agriculture are required to conduct periodic compliance reviews to help ensure compliance with program and civil rights rules.
- **Local Agencies Must Take Action** — Local agencies must accept and process all complaints (program, vendor, or civil rights) received by the agency regardless of whether the complaints are written, verbal, or anonymous. Details for filing complaints are outlined in Section XV of the [FNS Instruction 113-1](#). The complaint may be sent directly to:
 - Food and Nutrition Service Civil Rights Division (CRD)
 - 3103 Park Center Drive
 - Suite 808
 - Alexandria, VA 22302
- **Corrective Action for Non-Complying Agencies** — If there is noncompliance with federal nondiscrimination law by a Lead Agency or Sub Agency, the state agency will file a report with the FNS Regional Administrator at USDA and will immediately seek correction of the violation by voluntary compliance. Failure of a Lead Agency or Sub Agency to correct any non-compliance with civil rights rules may lead to legal actions and termination from the federal programs TEFAP and CSFP, as applicable.
- **Services for People with Disabilities** — Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 (English) or (800) 845-6136 (Spanish).
- **Sexual Harassment is Prohibited** — Do not engage in or tolerate unwanted or unwelcomed sexual behavior, including jokes, touching, request for sexual favors, etc. Report all violations to your manager, or the Washington State Human Rights Commission, or the U.S. Equal Employment Opportunity Commission.

- **Response to Conflicts** — If a 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.
- **Treat all People with Dignity and Respect** — Follow the golden rule and treat people the way you would like to be treated.

Section 2 — All Program Managers Responsible for Client Services Must:

- **Conduct Outreach** — to ensure that potential eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits. Ensure that your agency gives recipients information on what constitutes discrimination and how to file discrimination complaints at the time that they apply for services.
- **Make Sure People with Disabilities are Accommodated** — Sites should be accessible to people with all types of disabilities (e.g., mobility, sight, hearing, etc.) or alternate means of service delivery should be advertised and provided.
- **Provide Language Assistance** — to persons with limited English proficiency (LEP) who could not gain meaningful access to the program without language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances.
- **Display the USDA "And Justice For All" Nondiscrimination Poster** — in a place where it can be seen by all who visit the premises. Only display original posters; no photocopies.
- **Include the USDA Nondiscrimination Statement** — on all materials that mention USDA funded programs and make sure the statement is also on websites that mention USDA funded programs.
- **Display both the USDA Nondiscrimination Statement and Current Income Guidelines** — at the point (location) of client intake, for TEFAP, and during the application process for CSFP. The full USDA Nondiscrimination Statement is available in additional languages on the Food and Nutrition Service Website at: <https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>
- **Ensure Documentation & Reporting of All Civil Rights and Nondiscrimination Complaints** — Your agency must inform the WSDA's Food Assistance Program Manager of any complaints and violations, regardless of the type (program, civil rights, or USDA food) using one of the WSDA Food Assistance complaint forms.
- **Collect Racial and Ethnic Data** — in CSFP and use it to target outreach and to assess participation.
- **Make Sure Individual Data is Kept Confidential and Secure.**
- **Additional Information** — can be found in [FNS Instruction 113-1](#) regarding Civil Rights Compliance and Enforcement.

I certify that I have read and understood the content of this civil rights training. I agree to follow the civil rights instructions as listed above.

Name

Date