

VOLUNTEER HANDBOOK



Introduction

This Volunteer Handbook ("Handbook") has been prepared to inform you about the Southeast Ohio Foodbank and Southeast Ohio Regional Kitchen volunteer practices and policies. We ask that you read this Handbook carefully, and refer to it whenever questions arise.

This Handbook is intended as a general guide. It is not intended to be and it shall not be considered to be all-inclusive. This Handbook is not a guarantee that your volunteer position will continue for any specified period or will end only under certain conditions. Your volunteer position with the Foodbank and Kitchen is "at-will," meaning that you or the Foodbank and Kitchen can terminate your volunteer position at any time, with or without prior notice, and for any lawful reason.

If you have any questions regarding the interpretation or application of any provision contained in this Handbook or matters not covered by the Handbook, please contact Community Relations Specialist, Mallory Ferguson at mallory.ferguson@hapcap.org.

Contacts

- Mallory Ferguson, Community Relations Specialist
 - Mallory is the main contact for all volunteers. Mallory is responsible for walking through the application process with volunteers, tracking hours, and scheduling. Mallory can also sign-off on any volunteer hour record sheet.
 - If you need to call-off, reschedule, or set up a group event, you should contact Mallory.
 - Phone: 740-385-6813 ext. 2207; Email: Mallory.ferguson@hapcap.org

- Asti Payne, Development & Community Relations Coordinator
 - Asti is responsible for all external relations including the volunteer programs. If you have a direct need/concern that needs addressed immediately you should contact her. Asti can also sign-off on any volunteer hour record sheet.
 - Phone: 740-385-6813 ext. 2212; Email: asti.payne@hapcap.org

- Amy Renner, Foodbank Coordinator
 - Amy is responsible for overall operations of Foodbank. If you are working in the Foodbank in the warehouse, Amy is your direct supervisor. Amy can also sign-off on any volunteer hour record sheet.

- Sam Gress, Food Services Coordinator
 - Sam is responsible for overall operations of our Kitchen and its programs. If you are assigned to work in the Kitchen or with Summer Feeding or Meals on Wheels, Sam is your direct supervisor. Sam can also sign-off on any volunteer hour record sheet.

The Foodbank, at its discretion, may change, delete, suspend or discontinue any part or parts of policies, procedures and rules contained in this Handbook, without prior notice. This Handbook supersedes and replaces all prior manuals, handbooks and policy statements, whether oral or written.

Volunteer Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

County of Residence _____

E-mail Address _____

Emergency Contact Name _____

Relationship _____ Telephone _____

Work Interest: Check all that apply

Kitchen Warehouse Sorting Food CSFP Packing

MOW Driver Summer Feeding Food Distribution

Schedule Preference:

Once/ Twice a Month Once/ Twice a Week Everyday Occasional

Availability (days, dates, times) _____

Affiliations (religious, civic, business) _____

Volunteer Referral _____

Volunteer Position Description

We have several volunteer positions available at the Foodbank and Kitchen. Listed below are the various positions and a short description of each. Please place an (X) next to any position that you would be interested in.

_____ 1. Warehouse

Volunteers will assist warehouse staff in pulling orders and cleaning.

- Available year- round

_____ 2. Sorting Food

We pick up rescued food from local retailers that must be sorted to ensure food safety and better serve our pantries. Volunteers will check food for openings and damages, sorting food into categories, and labeling and weighing boxes for storage.

- Available year- round (9:00am-2:00pm Tuesdays and Thursdays)

_____ 2. Commodity Supplemental Food Program (CSFP) Packing

Seniors in our area 60+ can be eligible to receive boxes of food monthly. Volunteers are needed to pack these boxes.

- Available year-round

_____ 3. CSFP Distribution

Volunteers are needed to help at CSFP distributions, assisting with paperwork and loading boxes for seniors.

- Available year- round
 - Volunteers needed in Athens, Hocking, Jackson, Meigs, Morgan, and Vinton Counties

_____ 4. Kitchen

The Kitchen serves seniors through our Meals On Wheels program as well as youth through HAPCAP's Head Start programs. Volunteers will prepare meals, pack lunches, cut fruits and vegetables, bag bread, and clean.

- Available year-round

_____ 5. Summer Feeding

We provide free meals to kids 18 years and under during summer when school is out. Volunteers can help serve meals to the children, assist with paperwork, clean, play with the children, and prepare meals in our Kitchen.

- Available in summer months (June to August)
 - Volunteers needed in Athens, Hocking, Gallia, Perry, and Vinton Counties.

Volunteer Drug Free Workplace Policy

The board of Directors of HAPCAP prohibits the use, sale, transfer, or possession of any illegal or non-prescription drug by any employee or volunteer during working hours, while representing HAPCAP, while on the premises, or while in an agency vehicle.

You are required to notify the Executive Director of HAPCAP of any criminal drug statute for any violation occurring in the workplace no later than (5) days after such conviction.

Definition of Drugs

“Illegal Drugs” are defined, for the purpose of this policy, as any drug that is either not legally obtainable, or it’s legally obtainable, but has not been legally obtained. The term includes prescribed drugs not legally obtained, prescribed drugs not being used for prescribed purposes, prescribed drugs being used by a person other than the prescription holder, and marijuana.

Definition of Conviction

“Conviction” means a finding of guilt or imposition of sentence or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

Definition of a Criminal Drug Statute

“Criminal drug statute” means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispraising, use or possession of any controlled substance.

Smoke Free Workplace

HAPCAP campuses operate smoke free and prohibit all smoking and smoke breaks. As a volunteer I agree to the terms of the HAPCAP smoke free campus policy.

By signing below, it shows that I have read this policy and understand my responsibility to abide by it.

Signature

Date

Safety

The Southeast Ohio Foodbank and Southeast Ohio Regional Kitchen considers the safety of volunteers, staff, and equipment to be extremely important. As such there are numerous rules regarding safety that must be followed at all times. These rules are not limited to those listed and volunteers must check with supervisors before they take on any undiscussed task.

Safety Rules (Southeast Ohio Foodbank):

- Volunteers are not allowed to use the electric “walkies”.
- Volunteers are only allowed to use hand jacks under direct supervision of Foodbank staff with training and approval by Foodbank Coordinator.
- Volunteers are not allowed to get into trucks for any activity (i.e. “down-stacking”).
- Closed toe shoes must be worn at all times.

Safety Rules (Southeast Ohio Regional Kitchen):

- Volunteers must be wearing hair and beard nets at all times while in Kitchen.
- Volunteers must follow all posted signs and instructions on personal hygiene (i.e. handwashing).
- Volunteers are not allowed to chew gum with in the Kitchen.
- Closed toe shoes must be worn at all times.

As a volunteer you are expected to follow the above rules as well as staff instruction. Failure to follow above rules will result in a verbal warning from supervisor, and dismissal from volunteerism if failure to follow rules continues. We reserve the right to ask any volunteer to leave if they are endangering themselves, our staff, or equipment.

Volunteer Consent Form

I understand that volunteerism at the Southeast Ohio Foodbank and Southeast Ohio Regional Kitchen may sometimes mean working in warehouse and kitchen conditions and can sometimes include but is not limited to lifting, working around heavy moving equipment, handling damaged food products, slips, and cuts. I hereby accept and assume full responsibility for any injury I might suffer while volunteering at the Foodbank and Kitchen. Volunteers are expected to follow safety rules and all other rules related to the warehouse. In the event of an injury parents/guardians authorizes Foodbank and Kitchen staff to seek treatment for minor volunteers (volunteers under 18 years of age) and to take other action should a medical emergency arise and waive and release my right for damages.

Parental Permission: The Foodbank and Kitchen will take all precautions to provide and maintain a safe environment for its volunteers. Minor volunteers are expected to follow safety rules and all other rules related to the warehouse. The SE Ohio Foodbank and Kitchen accepts no liability for minor volunteers who leave the SE Ohio Foodbank and Kitchen property without parental or guardian consent.

Photo release: I hereby give the Foodbank and Kitchen permission to copyright and/or use, reuse and/or publish and/or republish pictures or images of myself or my child for the purpose of illustration, advertising, and promoting the Foodbank and Kitchen through any medium.

Initial: _____

Volunteer's Signature: _____

Guardian's Signature (For Volunteers under 18 years of age): _____

VOLUNTEER DRESS CODE

We expect all volunteers to adhere to the dress code as follows, and ask supervisor for clarification if needed.

- No open toe shoes including but not limited to flip flops and sandals
- No halter tops and no showing of midriff
- No t-shirts with obscene, or lewd graphics
- No wearing baggy or low hanging pants
- No purses, backpacks, or headphones during time of action
- Cell phone use is permitted only during break time

Each work area may have additional requirements for that area. Your supervisor will inform you of those additions.

We ask for your cooperation in following this dress code. By signing below, you are stating that you have read the above and understand your responsibility to abide by it.

Signature: _____ Date: _____

Employee Health

Ohio Administrative Code: 3717-1-02.1

(A) The license holder shall require food employees and conditional employees to report to the person in charge information about their health as it relates to diseases that are transmissible through food. A food employee or conditional employee shall report the information in a manner that allows the person in charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the food employee or conditional employee:

- (1) Has any of the following symptoms:
 - (a) Vomiting;
 - (b) Diarrhea;
 - (c) Jaundice;
 - (d) Sore throat with fever; or
 - (e) A lesion containing pus such as a boil or infected wound that is open or draining and is:
 - (i) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover;
 - (ii) On exposed portions of the arms, unless the lesion is protected by an impermeable cover; or
 - (iii) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.
- (2) Has an illness diagnosed by a health care provider due to:
 - (a) Campylobacter;
 - (b) Cryptosporidium;
 - (c) Cyclospora;
 - (d) Entamoeba histolytica;
 - (e) Enterohemorrhagic or shiga toxin-producing Escherichia coli;
 - (f) Giardia;
 - (g) Hepatitis A;
 - (h) Norovirus;
 - (i) Salmonella spp.;
 - (j) Salmonella Typhi;

 - (k) Shigella;
 - (l) Vibrio cholerae; or
 - (m) Yersinia.
- (3) Had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella Typhi, without having received antibiotic therapy, as determined by a health care provider;
- (4) Has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected or ill with:
 - (a) Norovirus within the past forty-eight hours of the last exposure;
 - (b) Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past three days of the last exposure;
 - (c) Salmonella Typhi within the past fourteen days of the last exposure;
 - (d) Hepatitis A virus within the past thirty days of the last exposure; or

(5) Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

- (a) Norovirus within the past forty-eight hours of the last exposure;
- (b) Enterohemorrhagic or Shiga toxin-producing *Escherichia coli*, or *Shigella* spp. within the past three days of the last exposure;
- (c) *Salmonella Typhi* within the past fourteen days of the last exposure; or
- (d) Hepatitis A virus within the past thirty days of the last exposure.

I understand and agree to the above reporting procedure and verify that I do not have any of the above mentioned symptoms, diagnosis, previous illness, or exposures.

Signature: _____ Date: _____