



## Individual Volunteer Profile

Please return completed forms to Jennifer Small at [small@mdfoodbank.org](mailto:small@mdfoodbank.org), or by fax 410.742.0554, or mail to the Maryland Food Bank—Eastern Shore, 28500 Owens Branch Road, Salisbury, MD 21801.

*(Please print clearly)*

**Name**

**Date**

**Date of Birth (mm/dd/year)** \_\_\_\_\_

*Mailing Address:*

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### **Preferred Method of Contact**

- E-mail       Home Phone       Cell Phone       Text

### **Reason for Volunteering?** (check all that apply)

- Contribute to community       Meet new people       Develop skills       Explore career path

Service Learning requirement – name of school or program: \_\_\_\_\_

### **How Did You Learn About Us**

- Newsletter       Website       Volunteer Center       Social Media       Friend

Employer       Organization       Other: \_\_\_\_\_

### **Work Interest** (check all that apply)

- Warehouse Duties       Office support, including data entry       Special Events  
 Farm to Food Bank Program  
 Gleaning       Assist with Volunteer Recruitment

### **Hours Available**

#### **Warehouse**

##### **Weekdays:**

- Morning (8:30am - 11:30am)  
 Afternoon (12:00pm - 2:30pm)  
 Wednesdays (3:00pm – 5:00pm)

2nd Saturdays (8:00am- 11:30am)

**Farm to Food Bank Program**

- Weekdays:** Morning (8:00am – 12:00am)
- Week Nights:** Monday-Thursday (6:00pm – Dark)
- Sunday Evening** (6:00pm – Dark)

**Schedule Preference**

- Once or twice a month       Once or twice a week       Everyday
- Other: \_\_\_\_\_

**Available on Short Notice?**    Yes     No

**Access to Truck or Van?**     Yes     No

<b><u>Emergency Information</u></b>	
Name _____	Relationship _____
Phone (home) _____	(work) _____

**\*\*\*\*\*PLEASE READ\*\*\*\*\***

**For the warehouse, please do not just “show up”.** An accurate count of volunteers is needed in order to assign work projects. **Groups/Individuals not registered cannot be accommodated.**

**Donated food or product should never be removed from the warehouse.**  
All donations are the property of the Maryland Food Bank.

**No open toe shoes are allowed in the warehouse.** Please wear tennis shoes or boots that cover the entire foot.

**For Farm to Food Volunteers:** We strongly encourage you to inform the Farm to Food Bank Coordinator if you will be able to attend the gleaning. If there is a low response, the gleaning may be cancelled.

Dress according to the weather and gleaning activity. Bring a bottle of water / snacks.

Should a gleaning be cancelled due to weather, every effort will be made to contact those whom we know were attending.



## Group Volunteer Profile

Please return completed forms to Jennifer Small at [small@mdfoodbank.org](mailto:small@mdfoodbank.org), or by fax 410.742.0554, or mail to the Maryland Food Bank—Eastern Shore, 28500 Owens Branch Road, Salisbury, MD 21801.

*(Please print clearly)*

**Group Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Group Leader** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Group Affiliation / Employer** \_\_\_\_\_

*Mailing Address:*

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Preferred Method of Contact:** (please check one)

- E-mail       Home Phone       Cell Phone       Text

**How many in your group?**

- 1 – 11       12 – 15       15 – 20       over 20

**Reason for Volunteering?** (check all that apply)

- Contribute to community       Meet new people       Develop skills       Explore career path

Service Learning requirement – name of school or program: \_\_\_\_\_

**How Did You Learn About Us**

- Newsletter       Website       Volunteer Center       Social Media       Friend

Employer       Organization       Other: \_\_\_\_\_

**Work Interest** (check all that apply)

- Warehouse Duties       Office support, including data entry       Special Events

Farm to Food Bank Program

- Gleaning       Assist with Volunteer Recruitment

**Hours Available**

**Warehouse**

- Weekdays:**
  - Morning (8:30am - 11:30am)
  - Afternoon (12:00pm - 2:30pm)
  - Wednesdays (3:00pm – 5:00pm)
- 2nd Saturdays (8:00am- 11:30am)

**Farm to Food Bank Program**

- Weekdays:** Morning (8:00am – 12:00am)
- Week Nights:** Monday-Thursday (6:00pm – Dark)
- Sunday Evening** (6:00pm – Dark)

**Schedule Preference**

- Once or twice a month       Once or twice a week       Everyday
- Other: \_\_\_\_\_

**Available on Short Notice?**     Yes       No

<p><b><u>Emergency Information</u></b></p> <p>Name _____ Relationship _____</p> <p>Phone (home) _____ (work) _____</p>
--

\*\*\*\*\*PLEASE READ\*\*\*\*\*

**For the warehouse, please do not just “show up”.** An accurate count of volunteers is needed in order to assign work projects. **Groups/Individuals not registered cannot be accommodated.**

**Donated food or product should never be removed from the warehouse.**  
All donations are the property of the Maryland Food Bank.

**No open toe shoes are allowed in the warehouse.** Please wear tennis shoes or boots that cover the entire foot.

**For Farm to Food Volunteers:** We strongly encourage you to inform the Farm to Food Bank Coordinator if you will be able to attend the gleaning. If there is a low response, the gleaning may be cancelled.

Dress according to the weather and gleaning activity. Bring a bottle of water / snacks.

Should a gleaning be cancelled due to weather, every effort will be made to contact those whom we know were attending.



# MARYLAND FOOD BANK

UNTIL HUNGER ENDS.

Maryland Food Bank volunteers work at our distribution center sorting and packing food and product to feed hungry Marylanders. This activity may require lifting of up to 25 lbs.

## WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, the undersigned hereby acknowledge my receipt of permission to volunteer for the Maryland Food Bank. I also acknowledge my understanding that my service as a volunteer on Maryland Food Bank property located at **28500 Owens Branch Road Salisbury MD 21801** may expose me to various risks of injury and/or illness. I do hereby agree and understand that I assume these risks and I agree not to hold the Maryland Food Bank, its agents, employees or volunteers liable for any such injury and/or illness.

I understand that this Waiver and Release of Liability extends to and applies to any personal injuries, injurious results, damages or losses I may experience or sustain while engaged in training for volunteer service or while engaged in serving as a volunteer for the Maryland Food Bank.

I covenant not to file suit or initiate any claim procedure with respect to any personal injuries, property damages or losses I may experience or sustain arising directly or indirectly out of my activities.

\_\_\_\_\_  
Name of Volunteer (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer

## PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)

The undersigned parent/guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event and has agreed individually and on behalf of the child or ward, to the terms of the Waiver and Release of Liability set forth above. The undersigned parent/guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent/guardian.

\_\_\_\_\_  
Name of Minor (*please print*)

\_\_\_\_\_  
Signature of Parent/Guardian



## Volunteer Health Guidelines

- **Hand-washing**
  - Warehouse volunteers must wash their hands before going to the warehouse.
  - Kitchen volunteers must wash their hands in the kitchen.
- **Volunteer Water Supply**
  - Open water bottles, drinks, and food are not allowed in the warehouse.
  - A supply of water for volunteers is available in the cooler by the double warehouse doors. Water may only be consumed in the break room area.
- **Recalls**
  - Daily updates on recalled foods unsafe for consumption are now available and will be posted in the salvage sort room.
- **Expiration Dates**
  - Non-perishable items are generally shelf stable and do not need to be checked for dates.
  - Items to be checked are as follows:
    - Baby formula/food
    - Mayonnaise (good for 3-6 months after the date)
    - Baking mixes containing baking powder
- **Overflow Bins MUST be elevated off the ground**
  - Whether in or out of a box, no food may be on the ground at any time.
- **Non-food Changes**
  - Cleaning supplies
    - No cleaning chemicals can be stored near food; this includes candles, air fresheners, bug spray, motor oil, etc.
    - Volunteers must gather and place cleaning supplies on a separate empty pallet.
  - Paper
    - Bulk items too large for boxes should be placed to the side.
    - Paper outside of its wrapping may **NOT** be packed.
  - Baby
    - Diaper rash creams, baby sunscreen, or any chemicals may **NOT** be packed.
    - Any creams or chemicals **MUST** go in Health & Beauty.
  - Pets
    - Pet products must have a slip sheet between product and the pallet.
    - Large bags and banana-boxed product must be on separate pallets.



## Volunteer Health Policy Agreement

### Exclusion or Restriction from Volunteering

If you have any of the symptoms or illnesses listed below, you may be excluded or restricted from volunteer work at the Maryland Food Bank.

\*If you are excluded, you will not be able to be at the Maryland Food Bank.

\*\* If you are restricted, you will be able to come to the Maryland Food Bank, but your duties may be limited.

### Reporting: Symptoms of Illness

I agree to report to MFB when I have:

1. Sore throat with fever
2. Jaundice (yellowing of the skin and/or eyes)
3. Diarrhea and/or vomiting
4. Infected cuts or wounds, or lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small).

### Reporting: Diagnosed Illnesses

I agree to report the MFB when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

### Reporting: Exposure of Illness

I agree to report to MFB when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.

### Returning to Volunteering

If you are excluded from volunteering for having diarrhea and/or vomiting, you will not be able to return to the food bank until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from volunteering for exhibiting symptoms of a sore throat with fever or for having jaundice, Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, and/or Hepatitis A, you will not be able to return until the Health Department or a health practitioner approval is granted.

### Agreement

I understand that I must:

1. Report when I have or I have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with restrictions and/or exclusions that are given to me.

I understand that if I do not comply, I may not be able to return as a volunteer to the Maryland Food Bank.

**Volunteer Name (please print)** \_\_\_\_\_

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_



I \_\_\_\_\_, a Volunteer of the Maryland Food Bank, understand that no product is to be removed from the warehouse or building premises of the Maryland Food Bank Eastern Shore Branch, without the authorization of the Managing Director and/or Operations Manager.

I understand that by not adhering to this policy, I will be immediately dismissed from the volunteer program.

Although the work of our volunteers is vital to our food distribution, the branch will adhere to company policies and procedures which state "theft will not be tolerated."

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_