

Volunteer Confidentiality and Civil Rights Compliance Sign-Off Sheet

I, the undersigned, do hereby acknowledge that in my volunteer service for the Springfield Area Food Shelf, I will have access to confidential information gained from client visits and in the applications and/or records of the organization. I agree that I shall not disclose any such confidential information maintained by the Springfield Area Food Shelf to any unauthorized person, and I will adhere to confidentiality guidelines of the Springfield Area Food Shelf. I shall keep confidential all information related to volunteers, donors and clients. I acknowledge that a proven breach of confidence could be cause for termination from my volunteer position.

As a volunteer at Springfield Area Food Shelf, I agree to comply with the policy that prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. I understand that a proven failure to comply could be cause for termination from my volunteer position.

Volunteer signature Date

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PLEASE INDICATE BELOW ALL VOLUNTEER POSITIONS YOU ARE INTERESTED IN:

_____Truck Delivery Helper

_____Outreach & Community Relations Worker

_____Fund Raising Worker

_____Food Shelf Maintenance Worker

_____Food Shelf Stocker

_____Client Intake Worker

_____Food Shelf Distribution Helper

Please indicate how often and when you are available:

I would be willing to work (circle choice) **one/two/three/four times** every (circle choice)**week/month/year.**

_____ Monday 5pm - 7pm shift

_____ Thursday 9:30am - 11:30am shift

_____Food Shelf Committee Member

Please indicate times and days that work best for you. _____