

EDMONDS FOOD BANK YOUTH VOLUNTEER APPLICATION

EDMONDS FOOD BANK YOUTH VOLUNTEER PARENTAL CONSENT FORM

Effective: (Today's date) _____ to (date of majority) _____

Name Pronouns.....

Birthdate Grade

Email

Address

Phone Cell

Medical Insurance Co. Policy #

Guardian 1 Name Cell

Guardian 2 Name Cell

Emergency Contact Phone.....

Physician Office phone.....

Dentist..... Office phone.....

Medical History

If necessary, describe the nature and severity of any physical and /or psychological ailment, illness, propensity, weakness, limitation, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this youth.

1. Does your child have allergies to: _____ pollens _____ medications
_____ insect bites or stings _____ food _____ other

2. Does your child suffer from, ever experienced, or is currently being treated for any of the following: _____ heart trouble _____ asthma _____ epilepsy/seizures
_____ frequently upset stomach _____ diabetes _____ physical handicap

3. Date of last tetanus shot _____

4. Please list and explain any major illnesses the child experienced during the last year:

Additional comments: _____

Should this child's activities be restricted for any reason? Please explain

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STAFF AND VOLUNTEER CODE OF CONDUCT

The Edmonds Food Bank will serve clients and conduct business fairly, impartially, ethically, in full compliance with all applicable laws and regulations, and consistent with the Edmonds Food Bank mission. **Our vision is that no person in our community is food insecure.** We always expect that staff and volunteers treat clients with kindness and integrity, following the Edmonds Food Bank's mission:

- *To promote food security and self-reliance by providing our customers with a friendly, safe environment and wholesome foods each week.*
- *To increase community awareness of food insecurity and its root causes in the Edmonds community.*

This mission will be achieved without regard to race, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status, proof of need, or any other characteristic protected under applicable federal or state law. We strive to treat all recipients with care and operate with an atmosphere of respect.

Staff and volunteers will not engage in conduct or activity that may raise questions as to the agency's honesty, impartiality, or reputation.

As a staff or volunteer of the Edmonds Food Bank, I will ensure that:

- I will not take advantage of my Edmonds Food Bank position to seek personal gain through the inappropriate use of Edmonds Food Bank information or goods, or abuse my position.
- If I receive food for personal consumption, I will comply with the customer policies.
- I will follow client confidentiality rules: All client and donor information is strictly confidential and must never be discussed or given out to any non-Edmonds Food Bank volunteer or employee.
- I will protect all agency and donor supplied assets and use them only for appropriate agency approved activities.
- Without exception, I will comply with all applicable laws, rules, and regulations.
- I will promptly report any illegal or unethical conduct to the executive director or an Edmonds Food Bank chairperson. Every staff member and volunteer has the responsibility to ask questions, seek guidance and report suspected violations of this Code of Conduct.
- I will treat my workplace and others with courtesy and respect, and will refrain from yelling, harsh language, spitting, throwing objects, leaving a mess, or any other disrespectful behavior.
- I will respect personal space and will not make disrespectful comments. I will not use abusive, harassing, intimidating, or assaultive behavior to any person at the food bank.
- I will not come to the food bank under the influence of drugs or alcohol.
- I will not engage in any activity that is a conflict of interest for the food bank.
- No photography or filming of our facility, customers and operation is permitted without the director's approval.

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CONFIDENTIALITY AGREEMENT

All volunteers who work for the Edmonds Food Bank understand that customer and donor information including addresses, phone numbers, and email addresses are the property of the Edmonds Food Bank and agree to never capture or remove this information for their personal use or gain or for the gain of any non-Edmonds Food Bank entity. All customer and donor information is strictly confidential and must never be discussed or given out to any non-Edmonds Food Bank entity.

To the best of my knowledge, the information I have provided on this application is correct. I waive any right I may have to inspect any information provided about me by any person or organization identified in this application.

Furthermore, I agree that I have received, read, and agree to abide by the **Edmonds Food Bank Staff and Volunteers Code of Contact**.

Should my application be accepted, I agree to be bound by the policies of the Edmonds Food Bank in the **performance of service on behalf of my community**.

PRINTED NAME

SIGNATURE DATE

*If under age 18, see below

Parent/Guardian Signature

PRINTED NAME

SIGNATURE DATE