

## Welcome Letter

Welcome Volunteers!

The Harford Community Action Agency, Inc. is dedicated to providing assistance to help all Harford County individuals and families who are experiencing financial hardships in meeting their housing, food, energy/heating, and/or budget and family counseling needs. We support and encourage them on their path to self-sufficiency.

As Harford County's designated Community Action Agency, the HCAA's mission is to help all Harford County individuals and families who are experiencing financial hardships in meeting their housing, food, energy/heating, and/or budget and family counseling needs. We support and encourage them on their path to self-sufficiency. HCAA's Food Pantry is an emergency and/or supplemental food pantry that provides food once every 30 days to clients who need nourishment and are food insecure. Our pantry/bank depends on the help of volunteers to support our operations providing food to families and other community partners.

We need volunteers throughout the week to assist us with loading/unloading donations, stocking shelves, distributing food, and packing food bags. We invite you to join us according to your availability.

Thank you for choosing to volunteer with HCAA. We are thrilled to welcome you to our team of volunteers. We believe volunteers are a vital part of supporting the mission of this organization. We hope that you find the responsibilities of your volunteer duties to be fulfilling, and that your experience with us is quite rewarding.

Please follow along to complete our application and release.

*Kim Neely,*

Chief Operating Officer, Director of Food Pantry/Bank

In house training completed [\_\_\_]

Date: \_\_\_\_\_ Initials \_\_\_\_\_



## Volunteer Application

DATE

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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### PERSONAL INFORMATION

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State & Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>	Email:	<input type="text"/>

In case of emergency, please contact:

Full Name	<input type="text"/>
Relationship	<input type="text"/>
Phone	<input type="text"/>

How did you hear about our agency?

Have you ever done any volunteer work?      \_\_\_\_\_Yes.      \_\_\_\_\_No

If yes, please complete the following:

Organization Name:	<input type="text"/>		
Supervisor's Name:	<input type="text"/>		
Phone Number:	<input type="text"/>	Volunteered From:	<input type="text"/>
		To:	<input type="text"/>

Description of Duties:

### **DAYS AND TIMES AVAILABLE TO VOLUNTEER**

<b>Monday</b>	<input type="text"/>
<b>Tuesday</b>	<input type="text"/>
<b>Wednesday</b>	<input type="text"/>
<b>Thursday</b>	<input type="text"/>
<b>Friday</b>	<input type="text"/>

### **FOOD PANTRY VOLUNTEER AGREEMENT: CONFIDENTIALITY AND RELEASE OF LIABILITY**

I, \_\_\_\_\_ agree to work as a volunteer for Harford Community Action Agency, Inc.

I understand that I will have access to certain sensitive information about the customers served which may include financial, medical, insurance, health, living situation and other confidential records.

I agree to keep all information confidential and will not disclose any customer information for any reason. Private information to which the volunteer of this agency has access to shall not be used, published or disclosed in any form, to any person, corporation, agency (government or otherwise) except as required in fulfilling obligations in administering a program.

The failure of the volunteer to comply with the above confidentiality requirements is grounds for dismissal. As a volunteer, I am aware that my participation may include physical activity (i.e. standing, bending, lifting and carrying up to 40 pounds) and will require the use of caution and safety guidelines to avoid injury. I am voluntarily participating in this activity and agree to accept any and all risks of personal injury.

I will adhere to all safety guidelines given to me as a volunteer; wearing closed toed shoes at all times and proper casual business attire. No cell phone use while volunteering.

If I am scheduled to volunteer and I feel sick or showing signs of fever, aches, cough, etc. I will contact the pantry supervisor to cancel my volunteering immediately and not report to the pantry. Rescheduling of the shift will take place once there are no symptoms of any kind.

I understand that the materials and food products at Harford Community Action Agency, Inc. are to remain on the premises and remain the property of HCAA.

☐ I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date