



## Bountiful Basket Food Shelf Volunteer Information Form

Thank you for your interest in volunteering with the Bountiful Basket Food Shelf of Eastern Carver County. We will be contacting you soon and will also add you to our e-mail list to keep you informed of happenings.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### INTEREST INVENTORY (Check all that apply)

\_\_\_\_\_ **Client Assistant** – Green and assist clients in shopping & weighing their food.

\_\_\_\_\_ **Receptionist** – Greets clients, answers phones, schedules appointments, data entry.

\_\_\_\_\_ **Communications/Public Relations** – Help with fundraisers, food drives, marketing, newsletters, website, donation thank you's.

\_\_\_\_\_ **Warehouse** – Assist in receiving, weighing, and sorting food donations & deliveries, restocking store shelves.

\_\_\_\_\_ **Food Pick-Up** – Pick up grocery items from local grocery stores & restaurants

\_\_\_\_\_ **General Cleaning** – Be part of a group of individuals who come in weekly and clean the building.

\_\_\_\_\_ **Community Garden** – Planting, maintaining and picking vegetables for the food shelf.

### AVAILABILITY

Days Available: \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat

Time of Day: \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings

Commitment: \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Occasionally

Comments: \_\_\_\_\_



# Bountiful Basket Food Shelf Release For State Background Check

Bountiful Basket Food Shelf of Eastern Carver County is a Non-profit 501c (3) and requires all volunteers to pass a background check prior to working with guests. Please complete the information listed below.

NAME: \_\_\_\_\_  
                                First                                Middle                                Last

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Answering 'yes' to the following questions does not constitute automatic bar from volunteering at Bountiful Basket. Factors such as the date of offense, seriousness, nature of the violation, and rehabilitation, will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted/charged with a federal crime or felony offense?

Yes                       No

Have you ever been known by any other name(s) in the last 7 years? If yes, please identify:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Bountiful Basket Food Shelf

## Confidentiality Policy and Agreement

Confidentiality is basic to the maintenance of professional ethics and community respect. Clients act in good faith, expecting their circumstances and personal matters to remain confidential. We are obligated by law and ethics to maintain confidentiality.

The following information is presented to provide guidelines concerning confidentiality.

1. Information and details about a client may be discussed among Bountiful Basket programs for clinical purposes only. That is, cases may be discussed in staffing, supervisory and clinical meetings in order that cases may be more appropriately managed.
2. No identifying information about a client (name, address) should be revealed except within Bountiful Basket.
3. Records kept on clients are used only for case management and not for general perusal. Other agencies requesting the records of a given client must obtain a release of information from the client. In no case are records automatically sent to another person or agency without first receiving this release of information from the client or legal guardian.
4. Discussing the details of a case outside Bountiful Basket even though names and addresses are not revealed is a breach of confidentiality.
5. Confidentiality must be maintained even when a case has been made public through the news media.
6. Volunteers will have access to client information only as authorized by staff. All volunteers will follow the confidentiality policy as outlined.

I, the undersigned, understand and agree to the above policy, and am aware that any breach of confidentiality warrants reprimand and/or dismissal.

Print Name: \_\_\_\_\_

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