



# Glen Ellyn Food Pantry, Inc.



**2023 DOCUMENTS**



**THE FOLLOWING DOCUMENTS MUST BE  
SIGNED AND RETURNED TO THE PANTRY STAFF  
PRIOR TO THE FIRST VOULUNTEER SHIFT**

**DOCUMENTS WHICH REQUIRE VOLUNTEER SIGNATURE**

- VOLUNTEER INFORMATION FORM
- VOLUNTEER COVENANT
- RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS
- MEDIA RELEASE / MINOR ACKNOWLEDGEMENT (if applies)
- SEXUAL HARRASSMENT PREVENTION TRAINING (required for volunteers 16 yeas of age and older)

# **VOLUNTEER INFORMATION FORM**



**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MEMBER CHURCH NAME OR ORGANIZATION (circle one if applies):**

- |                               |                               |                              |
|-------------------------------|-------------------------------|------------------------------|
| Faith Lutheran Church         | Glen Ellyn Covenant Church    | St. Mark's Church            |
| First Congregational Church   | Grace Lutheran Church         | St Petronille Church         |
| First Presbyterian Church     | St. Barnabas Episcopal Church | St. Thomas United Methodist  |
| First United Methodist Church | St. James the Apostle Church  | Seventh Day Adventist Church |
| Glen Ellyn Bible Church       | St. Luke Lutheran Church      | Village Green Baptist Church |

**CONTACT PREFERENCE:** (circle one)      email      phone: cell or home

**PREFERENCE OF DUTIES:** (check all that apply)

- \_\_\_\_\_ Food Recovery: Driver
- \_\_\_\_\_ Food Recovery: Salvage and Sort
- \_\_\_\_\_ Client Assistance
- \_\_\_\_\_ Donation Check-In / Stocking Shelves
- \_\_\_\_\_ Food Bank delivery: Unload and Restock

**AVAILABILITY:** (circle all that apply)

Morning (9-11 am) or (11:30 am-12:30 pm)    Afternoon (1-3 pm)    Evening (5-7 pm)

Monday      Tuesday      Wednesday      Thursday

**ARE YOU A STUDENT?**    Yes    NO    (If Yes)    High School    College

**LIMITATIONS:**

- Do you have any physical or medical limitations?    Yes    No    (Please Explain)

\_\_\_\_\_

- Do you have any Latex or Food Allergies?    Yes    No    (Please Explain)

\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_)- \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_)- \_\_\_\_ - \_\_\_\_\_

# **VOLUNTEER COVENANT**



The Glen Ellyn Food Pantry promotes and ensures healthy boundaries are established for our guests. As such, we require every volunteer with the Pantry to sign this covenant as a promise to follow the statements below while serving.

While serving in my role at the Glen Ellyn Food Pantry:

## **I WILL:**

- Treat every guest and volunteer with dignity and respect.
- Be mindful that I represent the Glen Ellyn Food Pantry while serving.
- Seek out assistance from my team leader if I need help interacting with a guest or am unable to serve a guest with dignity for any reason.
- Treat the information shared by guests with the utmost confidentiality.
- Commit to proactive conflict resolution.
- Follow policies, procedures and guidelines as outlined in the Volunteer Handbook.

## **I WILL NOT:**

- Give my opinion about a guest's personal situation or religious beliefs.
- Say or do anything while serving that undermines or contradicts Glen Ellyn Food Pantry's beliefs and core values.
- Give any money or gift cards to a guest.
- Drive anywhere with a guest or visit a guest's home or drive a guest's car.
- Disclose information shared by a guest except when harm to self or others may be involved.
- Offer a guest personal or professional services other than those offered at the Glen Ellyn Food Pantry.

## **By signing:**

- I confirm that I have received and reviewed the Volunteer Handbook.
- I commit to keeping appropriate boundaries with all of our guests, and I agree to follow the above statements while serving at the Glen Ellyn Food Pantry.

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Volunteer Printed Name

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Volunteer Signature

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Date

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Address, City, State, Zip

**Glen Ellyn Food Pantry, Inc.**  
**Release of Liability & Waiver of Legal Rights**



**Please read carefully before signing.**

I acknowledge and agree that I have decided to volunteer with Glen Ellyn Food Pantry, Inc. (Pantry) as a Pantry Volunteer, that I will receive no compensation or other employment-related rights or benefits from the Pantry, that I am not an employee of the Pantry and that my volunteer services for the Pantry may be ended by me or the Pantry at any time and for any reason. Now, therefore, in consideration of the covenants contained herein and other good and valuable consideration, I agree as follows:

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT**

**Risks of Activity.** I acknowledge and understand that there are risks associated with volunteering with any organization, including the Pantry. I acknowledge and fully understand that the risks that I may face as a Pantry Volunteer include but are not limited to: the risk of bodily injury to me caused by lifting; slip and fall; falling objects; conditions on the premises; failure of equipment and/or defects; and the acts and/or the negligence of others. Further, I acknowledge and understand that the description of the risks listed above is not complete and that participating as a Pantry Volunteer may include other risks.

**Assumption of Risks.** Accordingly, for good and valuable consideration, including but not limited to the privilege of volunteering with the Pantry, I HEREBY AGREE THAT I VOLUNTARILY ASSUME ANY AND ALL RISKS (BOTH KNOWN AND UNKNOWN, INHERENT OR OTHERWISE) associated with my volunteer service for the Pantry, including but not limited to those risks described above.

**Release.** I, on my own behalf and on behalf of my representatives, assigns and heirs hereby knowingly, irrevocably and voluntarily waive, unconditionally release, and forever discharge, and agree not to sue or bring any other legal action against the Pantry (and its officers, directors, employees, agents, representatives, volunteers, and related parties) with respect to any and all responsibility, liability, claims, causes of action, demands, damages, costs, expenses (including attorneys' fees) or actions arising out of or relating in any way to my volunteer services with the Pantry, including, but not limited to, all actions based upon negligence or other legal theory and all claims for any personal or physical injury or damage to me or my property, whether occurring on Pantry premises or otherwise arising in connection with my volunteer services at the Pantry.

\_\_\_\_\_ **Yes, I voluntarily agree to be bound by these terms.**

\_\_\_\_\_ **No, I don't agree to be bound by these terms, and I realize my failure to agree prohibits me from volunteering with the Glen Ellyn Food Pantry.**

\_\_\_\_\_  
Volunteer Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip

# **MEDIA RELEASE**



I understand that I may be photographed or videotaped (collectively "Media Materials") while volunteering for Glen Ellyn Food Pantry. I give the Pantry and its funding partners permission to use Media Materials in which I am visibly recognizable in Annual Reports, newspaper articles, newsletters, on websites and in other promotional materials. I release the Pantry (and its officers, directors, employees, agents, representatives, volunteers, funding partners and related parties) from any and all claims and demands arising out of, or in connection with, the use of Media Materials consistent with this agreement.

\_\_\_\_\_ **Yes, I voluntarily agree to be bound by these terms.**

\_\_\_\_\_ **No, I don't agree to be bound by these terms, and I realize my failure to agree prohibits me from volunteering with the Glen Ellyn Food Pantry.**

**I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT, CONFIDENTIALITY AGREEMENT AND MEDIA RELEASE AND UNDERSTAND THEIR CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

\_\_\_\_\_  
Volunteer Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip

# **MINOR ACKNOWLEDGEMENT**



If volunteer is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of volunteer. In the case of a minor volunteering at Glen Ellyn Food Pantry, I, as parent or legal guardian, acknowledge that I am not only signing these Agreements on my behalf, but also signing on behalf of the minor and that the minor shall be bound by all the terms of these Agreements. Additionally, by signing these Agreements as the parent or legal guardian of a minor, I understand that the minor is also waiving rights on behalf of the minor that the minor otherwise may have. I, as parent or legal guardian, agree that, but for the foregoing, the minor would not be permitted to participate as a Pantry Volunteer.

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Parent/Legal Guardian Printed Name	Parent/Legal Guardian Signature	date
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**I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT AND MEDIA RELEASE AND UNDERSTAND THEIR CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

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Volunteer Printed Name	Volunteer Signature
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Date

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Address, City, State, Zip

# Sexual Harassment Prevention Training Glen Ellyn Food Pantry Volunteers 2023



*This Sexual Harassment Prevention Training is mandated by the State of Illinois, pursuant to the Illinois Human Rights Act 775 ILCS 5/2-109*

The Glen Ellyn Food Pantry has three responsibilities concerning incidents of sexual harassment at the Pantry:

1. **Prevent** the incidence of sexual harassment in their workplaces;
2. **Investigate** incidents of sexual harassment in their workplaces; and
3. **Correct** the incidence of sexual harassment in their workplaces.

## **What is Sexual Harassment?**

Under the Illinois Human Rights Act, "sexual harassment" means any unwelcome sexual advances, requests for sexual favors, or any conduct of a sexual nature when such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

## **Unwelcome Behavior**

- Welcome behavior can quickly become unwelcome behavior. What starts off as welcome behavior (consensual joking) can cross a line and become unwelcome behavior.
- Sexual conduct becomes sexual harassment when the behavior is unwelcome. Behavior may be unwelcome in the sense that the victim did not solicit or invite it, or in the sense that the victim regarded the conduct as undesirable or offensive.
- Also, consent can be revoked at any time. When someone experiencing sexual harassment behavior says, "Stop talking to me like this," **it must stop**. The perpetrator cannot use as a defense, "Well, you started it," or "You were okay with it at first."

## **Working Environment**

- A "working environment" is not limited to the physical location where the employee or volunteer is assigned. The "working environment" extends to other work sites including off-site, mobile or moving work sites/locations.
- The stipulation that supervisors, co-workers and volunteers do not engage in sexual harassment applies to non-employees such as patrons, vendors, service providers and volunteers. Non-employees can be victims of sexual harassment and/or perpetrators of sexual harassment.

## **Gender Identity, Sexual Orientation, and Third Parties (Bystanders)**

- All persons can be victims of sexual harassment regardless of the victim's **gender identity** or the perpetrator's gender identity.
- All persons can be victims of sexual harassment regardless of the victim's **sexual orientation** or the perpetrator's sexual orientation.
- Victims of sexual harassment can include not only the target of the sexual harassment, but also **third parties or bystanders**.



**What are Examples of Inappropriate Conduct?**

- Pressure for sexual favors or to go out on a date
- Deliberate touching, leaning over, or cornering another person
- Sexual comments about a person’s clothing, body, or looks
- Sending letters, telephone calls, e-mails, texts, or other materials of a sexual nature
- Sexual teasing, jokes, remarks, or questions
- Referring to another as a “girl,” “hunk,” “doll,” “babe,” “honey,” “tootsie”, etc.
- Turning work discussions to sexual topics
- Actual or attempted rape or sexual assault

**What can I do if I experience, witness, or become aware of unwelcome sexual conduct?**

**If you experience, witness or become aware of unwelcome sexual conduct, know that:**

1. You have the **right to tell the person to stop**. The initiating and participating persons must stop the unwelcome behavior upon request.
2. **You have the right to report the sexual harassment**. Report the incident to one or more of the following Glen Ellyn Food Pantry representatives:
  - **Your Supervisor or any member of the Pantry staff you trust**
  - **The President of the Glen Ellyn Food Pantry Board of Directors**
  - **The Executive Director of the Glen Ellyn Food Pantry**

**Please sign and date below to certify you have carefully read and understand the above 2023 Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act 775 ILCS 5/2-109. Note required for volunteers 16 years of age and older.**

**Training Participant Information:**

\_\_\_\_\_  
Volunteer Printed Name (First, Middle, Last)

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

\_\_\_\_\_  
Training Date

\_\_\_\_\_  
Birth Month and Day

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Email Address