“...because when you are hungry, nothing else matters.”
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Fallbrook Food Pantry (FFP) has served low income and disadvantaged families since 1991. Available to the community 5 days a week, FFP offers a well-balanced selection of food promoting wellness for every individual in our community. Our programs support an average of 25,000 household visits annually, distributing over 1,000,000 pounds of food to those in need in the greater Fallbrook area. Volunteers are pivotal in the success of FFP. Each year, volunteers serve nearly 15,000 hours through our organization helping those in need of food assistance.

This handbook serves as a guide for volunteers working in our pantry. It contains useful information based on best practices that will assist you in your role at FFP. We hope you will enjoy your time with us. Our goal is to make your experience enjoyable and meaningful.

Thank you for joining our team!

1. **Overview of Organization**

The Fallbrook food Pantry is a not-for-profit organization primarily staffed by volunteers. Its specific mission is to provide an adequate and nutritious supply of food to individuals in our community who are in need.

### Board of Directors

**Executive Board Members**
Catherine Sousa, President
Henry Lykken, Past President
Sancia Obermueller, Treasurer
Cathy Conrad, Secretary

**Board Members**
Jeff Brantley, Jean Dooley, Peter Frederiksen, Rick Koole, Terra Vargas, Julie Reeder, Faro Trupiano, Arnie Willcuts, Young Milton, Jason Kendall, Vi Dupre, Tim Willard

**Staff**
Shae Gawlak, Executive Director
Carolina Miller, Programs & Operations Manager
Nancy Rocha, Volunteer Coordinator and Case Manager
Araceli Emerson, Receptionist and Administrative Assistance
Gilman Lykken, Warehouse Coordinator
2. Volunteer Requirements

Fallbrook Food Pantry relies on volunteers to be the helping hands for our programs that assist approximately 500 households each week. Our volunteers include individuals, families, senior citizens, religious organizations, corporate groups, military members, school groups, scout troops and many others who help us feed those in need.

Before volunteering, we ask that you attend a New Volunteer Orientation session lead by a staff member or board member. You will be given additional detailed instruction in the area you choose to work when you volunteer.

Volunteer events are available in shifts ranging from 2 to 4 hours. Each event will involve a variety of responsibilities. It is required that all volunteers wear close-toed shoes and appropriate comfortable clothes are suggested.

The minimum age to volunteer is 12 years old. For the safety of our younger volunteers between the ages of 12-16 years of age, you must be accompanied by an adult. All minors 16 – 18 years must bring a parent sign waiver before first shift.

We welcome middle school, high school, and college students to volunteer and complete their required service hours. It is the responsibility of every volunteer to plan and schedule their visit well in advance. Registration is on a first-come, first-served basis.

FFP accepts volunteers who have Court Mandated Service Hours (CMSH)—ONLY misdemeanor offenses will be considered eligible. Each candidate who wishes to fulfil their CMSH must interview with the Executive Director and provide all additional documentation requested. FFP reserves the right to deny an application.

**Mandatory Volunteer Documents**

All volunteers MUST

- Complete the Volunteer Registration Form, page 12
- Read and sign the FFP Volunteer Agreement, page 13
- Read and sign the FFP Volunteer Waiver, page 14.

In order to maintain a harmonious environment, the Executive Director has the right to dismiss a volunteer at any time if it becomes necessary.
3. Volunteer Opportunities

Volunteers are the backbone of our programs and serve a vital role in our organization ensuring the success of our programs. Volunteers help in our offices as receptionist and interviewers as well as assist with administrative tasks. Some help as drivers to pick up or deliver food items. Many others are needed to inspect and sort food in the sorting area, store items in the warehouse or help clients select grocery items in the market area. The following are ongoing programs that are regularly staffed by volunteers.

**WEEKLY FOOD DISTRIBUTION**
Qualified clients may visit the pantry to receive food once per week. Menu items change weekly and are created keeping a nutritious, balanced diet in mind. Each household selects grocery items suitable to the number of individuals in their family. The intent is to offer 2 days of groceries. Fresh produce, bread, and dairy items are included as available. The pantry is open for distribution Monday through Friday from 9:30am-12:30 pm excluding the last Wednesday of each month and scheduled holiday closures.

**EMERGENCY FOOD ASSISTANCE PROGRAM – EFAP & SENIOR EFAP**
We are a point of distribution for governmental commodities which are delivered to FFP from the San Diego Food Bank the Thursday prior to distribution. The food items are distributed the 3rd full week of each month during normal pantry hours Monday thru Friday.

**SENIOR FOOD BOX PROGRAM - CSFP**
The Senior Food Program is a USDA program which works to improve the health of low-income seniors 60 years of age and older by supplementing their diets with nutritious foods. The San Diego Food Bank packs and distributes 30-pound food boxes on a monthly basis. Boxes contain canned and packaged food including vegetables, fruit, juice, pasta, milk, cheese, cereal, canned meat, and a non-meat protein. Qualified, registered clients may receive a Senior Food Box during a regular pantry visit.

**SENIOR AND DISABLED ADULT HOME DELIVERIES**
A few of our senior clients are homebound and cannot come to the Pantry to pick up food. Home delivery is available on a case-by-case basis.

**NEIGHBORHOOD DISTRIBUTION**
Fresh vegetables and fruits are distributed on the last Wednesday each month in collaboration with the San Diego Food Bank. This event is open to everyone in the community beginning at 9:00-10:00am or until the food is gone. It is held at LifePointe Church parking lot located on the corner of West Hawthorne Street and North Pico Avenue, 1 block from the Fallbrook Library. The Pantry is closed on the last Wednesday of every month in order to support this offsite event.
3. Volunteer Opportunities (Continued)

**SPECIAL EVENTS**
Our fun filled events bring the community together to raise needed funds to help feed those in need. Some events are sponsored by groups or businesses with the proceeds benefiting FFP programs. Volunteers may be asked to help promote events, gain sponsors, sell event tickets or work the event.

**ADOPT-A-FAMILY**
At Christmas time we pair groups or individuals as sponsors for a family in need. Sponsors provide a holiday meal for the entire family as well as a gift for each child under 18 years old.

**5K RACE TO END HUNGER**
Usually held on a Saturday morning in May or June. Location to be determined during planning stages.

**CHARITY DINNER AND FUNDRAISING GALA**
Usually held on a Saturday evening in early November. Location to be determined during planning stages.

**FOOD & FUNDS DRIVES**
Held by individuals, groups, schools, churches, or businesses, who donate items and financial contributions to stock the shelves at the pantry.

As you can see there are many ways to serve at Fallbrook Food Pantry. Thank you for sharing your time, talents, and treasures through our organization.
As a volunteer you have the right:

- to work in a clean, healthy, and safe environment.
- to be given accurate and truthful information about the organization for which you are working.
- to be given a copy of Fallbrook Food Pantry volunteer policy and any other policy that affects your work.
- to be provided with orientation to the organization.
- to have your personal information kept confidential.
- to be provided with sufficient training to do your job.

Principles of Volunteering:

- Volunteering benefits the community and the volunteer.
- Volunteer work is unpaid or compensated in any manner.
- Volunteering is always a matter of choice.
- Volunteering is a way in which citizens can participate in the activities of their community.
- Volunteering is a vehicle for individuals or groups to address human, environmental and social needs.
- Volunteering respects the rights, dignity and culture of others.

 Volunteers are expected to be responsible and accountable for the donations received from the community. Because the food is donated specifically to help feed the clients, FFP volunteers must ensure that these donations go only to the clients. Volunteers do not receive food from the pantry.

**Equal Volunteering Opportunity**

FFP provides equal volunteering opportunity for everyone regardless of age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability that does not prohibit performance of essential job functions. All matters relating to volunteering are based upon one's ability to perform the job, as well as one's dedication to FFP's Mission and needs.

**Gifts, Tips, Soliciting**

Do not accept any tips or gifts from clients. We do not want to create an atmosphere where our clients feel obligated to reward FFP staff and volunteers for their assistance. Promoting or soliciting your own business enterprise, political agenda or religious beliefs while volunteering with us is not permitted. Any posting to the Bulletin Board needs to be approved by the Executive Director.
Expense Reimbursement
You must have the Executive Director’s authorization prior to incurring an expense on behalf of FFP. To be reimbursed for all authorized expenses, you must submit the original receipts.

Feedback
Your time is greatly appreciated and we encourage you to discuss any ideas or concerns you have with us. If at any time you would like to share your thoughts regarding your experience, do not hesitate to speak with the staff. Usually, there are members of the Board available at various times throughout the day/week. We encourage you to talk to them.

Parking
FFP does not assume any liability for loss or damages your car may sustain while parked in the parking lot.
5. Code of Ethics

1. There should be proper and authorized use of FFP’s equipment, time and property.
2. Removal of FFP property from the premises without permission is not permitted.
3. All safety rules must be adhered to at all times.
4. Volunteers will treat guests, clients, staff and other volunteers with dignity and respect at all times.
5. Threatening, aggressive or violent behaviour or language is not permitted and may lead to dismissal.
6. Discriminatory behaviour and language, bullying or harassment of any kind is not permitted.
7. Behaviour or actions that would in any way jeopardize the safety or well-being of other volunteers is not permitted.
8. Unauthorized disclosure of confidential information concerning the work of FFP, its clients or its volunteers is not permitted.
9. Gambling on FFP premises is not permitted.
10. Smoking on FFP premises is not permitted within 100 feet of the building.
11. Volunteers will dress in a manner suitable for the workplace to include closed toe shoes.

Attendance
We require that you respect our time, as we will respect yours, by being punctual. If you are running late or need to cancel, please give our office a call as far ahead of time as possible. Our phone number is 760-728-7608. If you have registered online, you are asked to cancel your registration for the event.

Confidentiality
We require that you do not disclose confidential information regarding FFP to any other party without prior permission from the Board of Directors.

Drugs & Alcohol
FP is a substance-free environment; please respect this policy at all times. We ask that you please refrain from consuming alcohol or using other substances at FFP Events, including fundraisers and outreach programs. You may be asked to leave the event should this policy be broken.
6. Volunteer Drivers

Volunteers are required to observe all traffic laws. If failure to comply results in fines or other penalty, these are the responsibility of the staff member concerned and must be reported to the Executive Director. Smoking is not permitted in the FFP vehicle. Pets are not permitted in the FFP vehicle. Excluding an emergency, drivers other than FFP staff or approved volunteers are not permitted to drive the FFP vehicle. Volunteer drivers must supply a copy of their valid driver’s license first to be submitted to our insurance carrier.

Fuel
The FFP vehicle uses unleaded fuel, and it is expected that the fuel gauge will show that the vehicle is more than a quarter full at all times. In the event the fuel is running low, the volunteer is asked to use his own card and the purchase will be reimbursed upon presentation of the receipt.

Passengers
Volunteer safety is of paramount importance to FFP, therefore, providing transport for passengers not associated with the organization’s business is prohibited. Volunteers should also refuse to provide transport to persons associated with the organization’s business who are intoxicated, under the influence of a prohibited substance, or wanting transport to a location not identified in the volunteer’s work related itinerary. A volunteer has the right to refuse transport requests outside those stipulated above should they have concerns regarding personal safety.

Work Travel
Volunteers must ensure that the vehicle and safety equipment are in good working order prior to commencing road travel required as a part of their work duties. Volunteers must ensure the tires, including the spare tire and tire-changing equipment, are serviceable and that oil, water and fuel levels are sufficient prior to travelling.

Off Road Travel
In the interests of personal safety, volunteers are not permitted to take FFP vehicle on gravel or dirt roads without the prior approval of the Executive Director.

Vehicle Traffic Incident
A copy of the Traffic Incident Checklist (page 16) can be found in the vehicle’s glove box compartment. In the event of a traffic incident, please fill this out and give it to the Executive Director.

Vehicle Defects
Any vehicle with operational faults must be reported to the Executive Director to enable defects to be repaired.

6. Volunteer Drivers (Continued)
Damage or Loss of Vehicles
In the event of an accident or loss of a vehicle the driver will comply with all legal and insurance requirements. The driver should immediately obtain particulars of the other parties involved; notify law enforcement of the accident; and inform the Executive Director. The Executive Director will ensure that appropriate action is taken to enable the insurance claim to be processed or the vehicle to be repaired.

Personal Vehicle
When using your personal vehicle for FFP’s donations pick up, please provide the Executive Director with a copy of your auto insurance. Pets are not allowed during food pick up or deliveries. There will be no reimbursement for any costs related to using a personal vehicle while volunteering.
Volunteer Registration Form

Name: _____________________________________________________________

Address: ____________________________________________________________

Phone #: _______________________________ Cell #: ____________________________

Email: ____________________________________________________________ DOB: __________________

Do you have any health issues or concerns (physical and/or mental) that could prevent you from doing certain duties at the pantry? (i.e. back/neck/arm pain, heart conditions, high blood pressure, migraines, any previous surgeries or injuries, current medications, etc.)

____________________________________________________________________

____________________________________________________________________

Do you have health insurance? ___NO ___YES COVERAGE PROVIDER: __________

Current or past occupation, if retired: ______________________________________

Is this a required Community Service? ___NO ___YES # of hours needed: ______

Interested Hobbies, Talents, Travels, etc.: ___________________________________

____________________________________________________________________

How did you hear about this volunteer opportunity? ____________________________

PREFERRED VOLUNTEER ACTIVITY (Please check all that apply)

___SORTING AND PACKAGING FOOD   ___DRIVER FOR HOME DELIVERIES

___DRIVER TO PICK UP FOOD (Large Vehicle Helpful)

___UNLOAD FOOD DELIVERY (Able to lift at least 50lbs.)

___NEIGHBORHOOD DISTRIBUTION   ___SPECIAL EVENTS   ___OFFICE AIDE

___NUTRITION EDUCATOR (must have previous experience)

___OTHER______________________________________________

AVAILABLE/PREFERED DAYS: (circle all that apply) MON TUES WED THURS FRI SAT

COMMENTS: ____________________________________________________________________

____________________________________________________________________________
Volunteer Agreement

Name of Volunteer __________________________________________

Print Name

I have read and agree to uphold the following:

1. Volunteer Rights, Responsibilities & Principles, pages 7-8
2. Code of Ethics, page 9

Misconduct will include breaches of any FFP policies which warrant disciplinary action up to and including Termination. Examples of misconduct include:

- Theft of property, donated food or funds from FFP
- Willful damage to FFP’s property
- Intoxication through alcohol or other prohibited substance
- Verbal or physical harassment of clients, volunteers, board members, staff members, donors or any other person
- Disclosure of confidential information regarding FFP or its clients to any other party without prior permission from the Board of Directors
- Falsification of any of FFP’s records for personal gain or on behalf of any other volunteer, staff member or client.
- Slander against FFP.

In return, Fallbrook Food Pantry:

1. Will embrace FFP’s Mission.
2. Will ensure you have the training and necessary tools to do your work.
3. Will honor and recognize your Volunteer service and commitment.
4. Will encourage open and honest feedback at all times.
5. Will provide reimbursements for all authorized Volunteer expenses.
6. Will ensure a safe, clean, and volunteer-friendly environment.

I have read, understand and agree to the above Fallbrook Food Pantry policy. As a volunteer I do not expect to be compensated.

Volunteer Signature ________________________________________

Date ____________________________
Volunteer Waiver

1. As a volunteer of Fallbrook Food Pantry, I hereby agree to hold harmless and waive any and all claims or causes of action against the FFP arising out of any cause whatsoever, including but not limited to claims arising out of negligence or intentional conduct of its volunteers or agents.

2. I attest that I am physically fit and prepared to perform the tasks assigned to me as a FFP volunteer. (Let us know if you have a disability and we will try to find an appropriate task for you.)

3. I further agree to use my personal insurance as the primary provider in the event of injury due to my work as a volunteer for FFP.

4. I shall not operate a personal vehicle for volunteer activities unless I have a valid Driver’s License and at least the minimum amount of liability insurance required by California law.

5. Fallbrook Food Pantry is not responsible for loss or damage to volunteer's personal property.

6. I also grant the Fallbrook Food Pantry full permission to use photographs of me for publicity and promotional purposes.

I have read, understand and agree to the above Fallbrook Food Pantry policy and waiver.

______________________________________________  ____________  ____________
Volunteer's Signature          Print Name          Date

If under 18, signature of parent or legal guardian is required

______________________________________________  ____________
Print Name          Relationship
Grievance Policy

A grievance is a real or perceived cause for complaint. You may have a grievance about how you have been treated by another volunteer or staff member.

FFP recognizes that open communication and feedback are essential elements of a satisfying and productive work environment.

Every effort will be made to solve problems cooperatively and informally before presenting them in writing as a formal grievance. The written submission is required to be a signed, dated and submitted to the Executive Director. Volunteers are assured they will not be disadvantaged by the use of such procedures whether decisions are found for or against their grievance.

All formal avenues for handling grievances will be fully documented and the Volunteer’s wishes will be taken into account. All complaints and questions will receive thoughtful consideration in a timely manner and will be discussed with the individual who raises them. Discussions held are kept confidential.

Volunteers at any time have the right to withdraw their grievance.

Grievance Procedure

Step 1
The aggrieved volunteer is encouraged to explore the problem/situation directly with the person(s) involved; clearly outlining what he/she feels should be done to alleviate the situation.

Step 2
If this is not an option for you, discuss the matter directly with the Executive Director.

Step 3
The parties involved will be asked to comply with the best solution that has been identified by all involved. All information will be kept confidential.
Accident Checklist ✓

Complete and submit to the Executive Director

Name of Injured Person: ____________________________________________

Male____  Female ____  Age _______  DOB: ________________

Address: ____________________________________________ City: ________  Zip: ______

Phone #: ___________________  Cell #: ___________________

Work Status of injured (Volunteer, Client, Staff, Guest, etc.): ___________________

Incident Date: ____________  Time: ____________

Location of Incident: ________________________________________________

Nature of Injury & Part of Body: _______________________________________

Describe How the Incident Occurred: ____________________________________

Witness Name: ___________________  Phone #: ___________________

Address: _______________________  City: ____________  Zip: ______

Statement: _________________________________________________________

Witness Name: ___________________  Phone #: ___________________

Address: _______________________  City: ____________  Zip: ______

Statement: _________________________________________________________

Was First aid administered? ___YES  ___NO

If Yes, by whom: ______________________  Phone #: ___________________

Was 911 called? ___YES  ___NO

If Yes, by whom: ______________________  Phone #: ___________________

Professional Medical Treatment Given? ___YES  ___NO

If YES, Name of Medical Provider: ___________________________________
Traffic Incident Checklist ✅

Complete and submit to the Executive Director

Incident Date ______________  Time ______________
Location of Incident ____________________________________________________________
Obtain the other Driver’s Name _____________________________________________
   Address ________________________________________________________________
   Phone number ____________________________________________________________
   Insurance provider ______________________________________________________
   Phone number ____________________________________________________________
Note their Car Make ______________ Model ___________ Year ______
License Plate # ____________________________________________________________
Note any damages __________________________________________________________
Note injuries ______________________________________________________________

Alert FFP Executive Director at 760-728-7608.
Describe the Incident __________________________________________________________
________________________________________________________________________

Witness Name__________________________  Phone ______
Address________________________________
Statement________________________________

Witness Name__________________________  Phone ______
Address________________________________
Statement________________________________

Was First Aid administered? • Yes • No   Who Administered First aid?__________
Was 911 called? • Yes • No    Name ________________  Phone ________________

Professional Medical Treatment Given? __________________________________________
Name of Medical Provider ______________________________________________________

Your Contact Info: Name ______________________________________________________
Address _________________________________________________________________
Phone ___________________  Cell ___________________