Northside
MISSION MINISTRIES

OUR MISSION: By following Christ's example, care for those experiencing hardship in Washington Township by building relationships with them to develop food security, to work toward economic stability, and to participate fully in the life of the community.

Northside Food Pantry appreciates your service and we will do our utmost to ensure that our volunteer experience is rewarding, productive and safe. We are committed to respecting your skills and individual needs within the limitation of these requirements.

We ask your cooperation in following these guidelines.

1. Come dressed to volunteer. Closed toe shoes are required, avoid short shorts or revealing clothing. All volunteers must wear a nametag for easy identification

2. Follow staff instruction and complete duties as assigned. **For safety reasons, refrain from using cell phones and use of ear buds while the pantry is open.** Pantry guests are also requested to turn off phones while they are shopping. Volunteers leaving before the end of a shift must advise staff.

3. Heath & Hygiene – If you are ill, refrain from volunteering. Proper hygiene is required as well as handwashing before handling food, after break, or returning from the bathroom.

4. Be Safe. Use proper lifting techniques, using your legs to push upwards, keeping your back straight and body balanced. Ask for help if you need assistance.

5. Harassment of any kind is not tolerated by staff or volunteers. Any behavior intended to create discord or restricting volunteers or staff from working will not be tolerated. Report incidents immediately to Shift Leader.

6. Anyone under the influence of drugs and/or alcohol will not be permitted to volunteer. Smoking is not allowed in the building or near entrances to the building.

7. Confidentiality/Respect – Show respect to clients as they are in our facility, any information provided to you from clients is to remain confidential. **Do not discuss pantry clients outside of the pantry.** If you feel that a pantry client is in danger (suicidal, physical/verbal abuse) report to the Shift Leader immediately for proper reporting.

8. Complete The Emergency Food Assistance Program (TEFAP) training prior to your first volunteer shift.

Translation assistance – Are you able to help us with assisting us with translating for our clients?
If so, what language(s) can you assist with? _____

I have read and understand my responsibility to follow these rules while I am a volunteer for Northside Food Pantry, and I have completed the TEFAP Training.

Volunteer Print Name: _____

Address/City/State/Zip: _____

Phone: _____ E-mail: _____

Volunteer Signature: _____ Date: _____