



YOUTH VOLUNTEER POLICIES AND PROCEDURES

GOAL: To safely involve community youth volunteers in programs which help eliminate hunger.

Youth (ages 13-17) who wish to volunteer with Second Harvest Food Bank (SHFB) are required to have written parental permission. The SHFB Volunteer Program Manager must also pre-approve all youth volunteers and their duties and is responsible for this policy.

PROGRAMS FOR YOUTH:

Ages 13+: May volunteer for Saturday Sorts (*under supervision*), *Community Food Distributions, Warehouse and or limited Office duties.*

PARENTAL APPROVAL: Youth are required to have written prior consent from parent and/or guardian, in order to volunteer with SHFB.

CHAPERONE/SUPERVISION RATIO: The ratio for youth volunteers ages 13 is 1 adult for every 3 youth. For youth volunteers 14 & up no adult supervision is required.

GROUP CHAPERONES/SUPERVISORS RESPONSIBILITIES: Chaperones/supervisors are responsible for keeping youth volunteers on task and for helping to maintain appropriate behavior. The SHFB Volunteer Program Manager may place restrictions on group size.

NOTIFICATIONS: Volunteers should call (831-232-8141) as soon as possible if unable to arrive as scheduled and to let the Volunteer Program Manager know as soon as they arrive on the premises.

ORIENTATION AND TRAINING: Will be provided for all youth volunteers. A general orientation to SHFB training specific to your position will be provided by the supervisor of the volunteer position.

- **SAFETY:** Youth volunteers **may not operate or work around** the following equipment:
 - Forklifts, compactors and/or balers.
 - Vehicles: may not operate, load and/or unload fleet trucks and/or forklifts; may not transport other SHFB volunteers in any vehicle.
 - Any other equipment, not listed here, but prohibited by law, statute or local ordinance.

ACCIDENTS: If an accident does occur, report ALL the INFORMATION to the supervisor IMMEDIATELY!

800 Ohlone Parkway
Watsonville, CA 95076
Ph: 831-722-7110

Parent/Guardian Permission Form
(13-17 years of age)



Fax: 831-722-0435
Hotline: 831-662-0991

Dear Parent or Guardian:

Second Harvest Food Bank Santa Cruz County requires permission for anyone under the age of 18 to participate in any volunteer activity. All volunteers must be 14 years of age or older to independently volunteer on-site during our Monday-Saturday shifts (only when volunteering on site at the food bank); this will be at the discretion of the Volunteer Program Manager. A parent, guardian or chaperone who is over the age of 21 must accompany youth ages 8-13 while volunteering at the food bank (this will only be allowed during our Saturday sorts or with supervised groups M-F.)

All volunteers will be required to follow our volunteer agreement, as well as the directives of the Volunteer Program Manager and other staff members. All youth volunteers are required to have a current Parent/Guardian form on file at Second Harvest Food Bank in order to volunteer.

I verify that _____ (print youth's name) is currently _____ years old and

I _____ (print parent/guardian's name) give permission for him/her to participate at Second Harvest Food Bank.

Waiver and Release. By my signature below Volunteer and Guardian do hereby release and forever discharge and hold harmless SHFB and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for SHFB. Volunteer and Guardian understand that this Release discharges SHFB from any liability or claim that the Volunteer or Guardian may have against SHFB with respect to any bodily injury, illness, death, or property damage that may result from Volunteer's work for SHFB, whether caused by the negligence of SHFB or its officers, directors, employees, or agents or otherwise. Volunteer or Guardian also understand that SHFB does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Please print and sign the following information:

Name of Parent/Guardian _____ Date: _____

Relationship to youth: _____

Signature of Parent/Guardian: _____

Signature of Youth: _____