



Dear Applicant:

Thank you for choosing to volunteer at the Cecil County Help Center. Our volunteers are integral to the successful operation of the Food Pantry.

The Help Center provides supplemental food assistance to Cecil County individuals and families experiencing financial difficulties.

Please fill out ALL the attached forms:

- Volunteer Application Form
- Volunteer Agreement
- Waiver and Release of Claims
- Sexual Harassment Policy

You may return a completed application to:

**Cecil County Department of Community Services
Help Center
Volunteer Coordinator
135 E. High Street
Elkton, MD 21921**

If you have any questions or concerns regarding these materials, please feel free to call the **Volunteer Coordinator** at **410-996-0242**.

Once your application has been processed, you will be contacted for orientation and a tour of the facility. Once again, we thank you for your interest in providing this invaluable service to our community.

Sincerely yours,

Heather Mistler
Volunteer Coordinator
(410) 996- 0242



VOLUNTEER APPLICATION
Department of Community Services
Cecil County Help Center

Personal Information

Name: _____

Home Ph: _____ Work Ph: _____ Cell: _____ Email: _____

I prefer to be contacted by: Home Ph _____ Work Ph _____ Cell _____ Email _____

Mailing Address: _____

Date of Birth: _____ (This is used to verify that applicants meet minimum age requirements and may also be used for purposes of grant writing.)

Emergency Contact (Please print)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Background Information

How did you learn about the Pantry? _____

Have you worked at a food pantry before? _____ If so, where? _____

How many other places do you volunteer? _____

Are you proficient in any foreign language? _____ If so, what language(s) _____

Are you volunteering to fulfill a certain amount of community service hours? _____ If so, how many hours? _____ What is the deadline to complete your required hours? _____

Some duties may include heavy lifting. Are you interested in and able to perform in duties that include heavy lifting? _____

Do you have any restrictions that you would like us to be aware of? If yes, please explain:

For Cecil County Help Center Use Only

Application Received: _____

Interview Date: _____ Person Conducting Interview: _____

Interview Conducted by: Phone _____ In Person _____

References checked:

Date: _____ By: _____

Applicant Accepted/Declined: _____ Date: _____

Orientation scheduled for: _____



VOLUNTEER AGREEMENT

As a volunteer for the Cecil County Help Center is part of Cecil County Government's Department of Community Services under Cecil County, Maryland (herein called Cecil County Government), I understand that I will be volunteering, either directly or indirectly, to promote the policies and procedures of the CCHC (Cecil County Department of Community Services), and to serve its clients. I understand that compliance with all of the requirements below for myself and my children are mandatory to volunteer at CCHC for everyone's safety. I understand CCHC will provide volunteer orientation and training, including reviewing safety procedures established by the CCHC, DCS (Department of Community Services), and Cecil County Government. I will adhere to those procedures, and to any updates as they occur.

I understand that CCHC, Cecil County Department of Community Services and Cecil County Government has my permission to use my name and photographs of me to promote the organization.

I will not hold CCHC, Cecil County Department of Community Services, or Cecil County Government responsible for any injuries, illness, or property damage.

I understand that I must to report any and all incidents, accidents, actions or circumstances of which I may become aware of, including those that present a threat, endangerment, or pose a current or future impact on the CCHC, its members and/or clients to the CCHC Volunteer Coordinator. I understand that I must inform the CCHC or Volunteer Coordinator in the case of a **medical emergency**, in the case of a pertinent medical update or in the event of a client's harmful threat to self or others.

I understand that I must not be alone in the company of minor children without the presence of a legal guardian or another approved CCHC volunteer.

Employees and volunteers must maintain the **privacy and confidentiality of all customer's records**. They may not disclose any information learned about a customer, licensee, or contractor in the course of their employment to anyone other than their supervisory chain of command or other employees who are

authorized on a need-to-know basis in order to perform their job duties, or as permitted by state or federal law.

I agree that all clients will be treated with dignity, respect and consideration, and are not to be discriminated against based on race, national origin, religion, gender, sexual orientation, disability or marital status.

I understand that the terms listed above are not all-inclusive and may be updated, at any time.

I understand that I may be dismissed at any time as a volunteer at the discretion of Cecil County Help Center and/or the Department of Community Services, and/or Cecil County Government.

I have reviewed and understand and will comply with Cecil County Government's Sexual Harassment Policy.

By signing this Volunteer Agreement, I agree to all terms and conditions in the agreement for myself and any minors (if applicable) for which I am responsible participating in CCHC volunteer activities.

A copy of this Volunteer Agreement will be provided to you prior to your beginning work as a volunteer with the CCHC.

Name

Date

For Cecil County Help Center Pantry Use Only

Copy provided to Volunteer: _____

Signature of CCHC Volunteer Coordinator

Date



WAIVER AND RELEASE OF CLAIMS
(To Be Completed by All Volunteers)

To the fullest extent permitted by law, the undersigned Individual agrees to indemnify and hold Cecil County, Maryland its elected and appointed officials, employees, and volunteers and others working on behalf of Cecil County, Maryland (herein referred to as the Cecil County Government), harmless from and against all loss, cost, expense, damage, liability or claims, whether groundless or not, arising out of the bodily injury, sickness or disease (including death resulting at any time therefrom) which may be sustained or claimed by any person or persons, or the damage or destruction of any property, including the loss thereof, based on any act or omission, negligent or otherwise., in connection with or incident to my volunteering with:

Insert Name of Department & Division, and area

scheduled to begin on or about: _____
Insert Date(s) (DD/MM/YYYY)

I hereby acknowledge that I have been given a reasonable opportunity to read the foregoing waiver and release of claims, and that I have read and fully understand its provisions.

Volunteer Signature & Date (MM/DD/YYYY)

Parent/Guardian Signature & Date *(if applicable)*

Volunteer Printed Name

Parent/Guardian Printed Name *(if applicable)*

Cecil County Government, Maryland
By (Signature of County Representative) _____

Printed Name of County Representative _____

Date _____
(MM/DD/YYYY)

