



Pathways of Hope Volunteer Checklist

Print Name: _____

Signature: _____ Date: _____

By initialing below, I agree to take the following actions to complete the volunteer registration process and to help Pathways of Hope (hereafter referred to as Pathways) maintain a work environment that is as safe and effective as possible for all volunteers, staff and program participants.

Registration:

_____ I will complete the Volunteer Waiver

_____ I will read and understand the Volunteer Handbook and any relevant Job Descriptions

_____ I will commit to completing all volunteer training courses provided, such as the following: ServSafe Certification (30 min), Emergency Food Program Civil Rights training & checklist (20 min), and Trauma Informed Care in Nutrition training videos (50 min)

_____ I will create a SignUpGenius account and manage my volunteer food pantry schedule

Food Rescue Volunteers - *This section is only for volunteers who pick up food for our pantries:*

_____ I will complete the Driver's Form

_____ I will submit a copy of my current Driver's License & current Automobile Insurance Card

_____ I will review and understand the Food Rescue Pick-up Instructions

Scheduling, Contact & Confidentiality Protocols:

_____ I will update the SignUpGenius schedule as early as possible if I am not able to attend my volunteer shift due to illness, vacation, or any other reason. If SignUpGenius is not accessible to me, I will notify the onsite staff and the Volunteer Program Specialist if I am not able to attend my volunteer shift.

_____ I will allow Pathways staff, the Lead Scheduling Volunteer, or Volunteer Inters to contact me regarding volunteering with Pathways.

_____ I will maintain confidentiality of any personal information on any clients, volunteers, or staff that I may overhear or that are shared with me while carrying out my volunteer duties.

Dress Code:

_____ I agree to maintain good hygiene and dress in a clean, presentable, and respectful manner, ensuring my attire is appropriate for interacting with clients, staff, and community partners.

_____ I agree to always wear closed-toed shoes when volunteering.

Photo Release:

_____ I agree to allow Pathways to share photos of myself volunteering on social media and in other marketing materials.

Illness & Safety Protocols:

_____ I agree to follow all cleaning and sanitation protocols during every volunteer shift including, but not limited to, cleaning and sanitizing surface areas, door handles, and work areas.

_____ I will stay home if I feel unwell or injured. Symptoms that would mandate volunteers to stay home include fever, sore throat, cough, nausea, vomiting, headaches, broken bones, or other significant injuries.