



BackPack Volunteer Guidelines 2017-18

Thank you for your interest in helping feed Siouxland’s hungry children!!

Please “x” by the numbers, and sign below that you’ve read this before volunteering to help fill sacks.

- ___ 1. Only three volunteer groups come per week. Each group should consist of no less than 10 people (more may be needed when children are a part of the group). Groups need to be willing to stay until the number of sacks requested is finished (not requesting a certain amount of time). With around 2,000 sacks distributed per week, volunteer groups can be expected to fill about 650 sacks – usually lasting (but not limited to) around an hour to two hours.
- ___ 2. Please know that we’re depending on you to help us feed the children who count on us-- so be sure you have the 10-15 people it will take to fill sacks before signing up.
- ___ 3. Our building is shared by several companies and we want to be sure that your vehicles do not block anyone. Between 8 a.m. and 5:30 p.m., please do not park your vehicles in the garage or in front of the doors. The primary parking is available along the retaining wall and along the railroad tracks. We encourage groups to carpool, as there is limited parking available. We have secured permission from the company across 11th Street, APF, to use the gravel portion of their parking lot (near the sign) for overflow parking. Please feel free to park over there and walk across 11th Street to our building, if possible!
- ___ 4. Please DO NOT use sharp objects to open cases with food product in them. A knife can easily slice open a package inside the case making it unusable and a waste of our precious donations and grant monies.
- ___ 5. Twist ties are donated by a local company. Please reuse any found in the totes from previous weeks and pick up any that are dropped on the floor during packing.
- ___ 6. Please look closely for product that should not be distributed... all unusable product needs to be set aside in the clearly marked area to be counted later. **PLEASE DO NOT THROW ANY AWAY!!!**
- ___ 7. Please DO NOT cut off the “flaps” off the box– they are important to be able to close the box so it is ready to be stored for the next time it is needed. Always keep product on the table in its original box. This makes it easier for the next group to identify where to find more or for staff to put it away. Please do not worry about setting up for the next group
- ___ 8. There is a dry erase board outside of the Backpack sort room. This board will indicate how many sacks/totes a group should fill, and any other information necessary to fill sacks that week. Please have a representative fill out the bottom of the group’s column with the number of volunteers and the start and finish time.
- ___ 9. Cancellation/Rescheduling: In the event that weather dictates that it would be unsafe for volunteers to travel to fill sacks, the Food Bank staff and the group’s contact person will be in touch as soon as possible to try to reschedule.
- ___ 10. Your group’s contact person will receive an email in the week prior to packing to remind him/her of the group’s date and time for filling sacks.
- ___ 11. Groups will need to break down the empty cardboard boxes and put them in the cardboard bins before leaving.
- ___ 12. Before leaving:
 - a. Count the number of totes and make sure the correct number of sacks (10 per tote) were prepared.
 - b. Check under the table (on bottom shelf and floor) and around sort room for dropped product, twist ties, etc.
 - c. Check that all emptied cardboard boxes are in the recycling bin.
 - d. Fill out requested information for your group on the dry erase board outside the Backpack sort room
 - e. *For evening groups only:* A board member will be present to close and secure building.

Contact Information:

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By signing below, you agree that you have read through and understand the volunteer guidelines set by the Food Bank of Siouxland. **Please keep a copy of this information as a reference. Please Print Legibly**

Volunteer Group Name: _____

Contact Name: _____ Email: _____

Phone (circle one – home or work): _____ (cell phone): _____

Signature: _____ Date: _____