

ENGLISH

Membership Year **2012**

SKAGIT GLEANERS

1021 Riverside Drive, Mount Vernon, WA 98273
360.848.1045

Please fill in the information below completely:

Date _____ ID # _____ (If currently a member) Member since _____ (Year you first joined)

Last Name _____ First Name _____

Spouse Last Name _____ First Name _____

Address _____ City _____, WA Zip _____

Phone(_____) _____ Cell (_____) _____

E-mail Address _____

Emergency Contact Name _____ Phone(_____) _____

Number of people living in your home: 18 yrs. or older _____ 17 yrs. or younger _____ **Total** _____

How did you hear about Skagit Gleaners?

I am a current member

Referred by the Thrift Store

Advertisement

Referred by _____

Other _____

Primary Language

English

Spanish

Russian

Ukrainian

Other _____

Do you prefer to receive announcements and information:

via e-mail only

via telephone only

Gleans

Some farmers and home owners allow our members to gather food from their fields and gardens. There is no charge; all the food you pick is free.

YES I am interested in gleaning.

NO I am not interested in gleaning.

Check one or more areas in which you would like to work
Each area has a variety of opportunities for service from which you can choose
Please check at the Worker Sign Up Desk for more information.

Automotive repair, maintenance, cleaning.

Building painting, refrigeration, electrical, plumbing, maintenance, carpentry, cleaning, handy man, small appliance repair.

Communications phoning or emailing members with information.

Cookies - Baking cookies for Rest Area distribution.

Distribution Work worker, management, records, translation, cleaning.

Financial accounting, bookkeeping, non-profit taxes.

Fund Raising

Gleans field supervisor, setting up gleans, gleaning food for Distribution, contacting donors.

Grants experienced non profit grant writing.

Marketing promoting Skagit Gleaners via media or local events, or other means.

Member Relations Special events, matching members with jobs, newsletter.

Office Receptionist, phoning, data entry, desktop publishing, web site, translation/interpretation, technical.

Pick-Up picking up food from donors, scheduling, garbage disposal, recycling.

Procurement Building donor relationships and community partners

Rest Area Managing and/or working a Rest Area shift, scheduling, or phoning.

Thrift Store sorting, sales, pricing, display, etc.

List any physical limitations that require light work?

Minimum Volunteer Hours

Minimum work hours for a member who joins in **January** would be:

13 hours by March 31st
26 hours by June 30th
39 hours by Sept. 30th
52 hours by Dec. 31st

Hours are prorated based on the month joined.

By signing below, I understand that the membership donation is non-refundable, I agree to work the minimum volunteer hours based on the month I am joining, and agree to abide by all rules set forth by Skagit Gleaners. Skagit Gleaners reserves the right to revoke memberships for serious offenses. I also understand that the **Liability Waiver** on the back of the application must be read and signed by each member of my family that is 18 years or older.

SIGNATURE _____ DATE _____

| 2012 Membership Donations | |
|---------------------------|-----------------|
| Date Joined | Prorated Amount |
| January - March | \$100 |
| April - June | \$80 |
| July - September | \$60 |
| October | \$40 |
| November | \$30 |
| December | \$20 |

Membership year ends December 31st.

Liability Waiver

The undersigned members acknowledge that *Skagit Gleaners* is a non-profit, tax exempt 501 (c)(3) organization which addresses waste and hunger. It exists solely to recover and redistribute food and other items donated by local businesses, organizations, and individuals.

In exchange for being granted membership in Skagit Gleaners, the undersigned agrees to contribute time and energy as set forth in the terms of membership, and to abide by all provisions of the membership agreement.

The undersigned further acknowledges that the nature of the organization's activities, including the gathering, transporting, sorting, storage and distribution of food and other materials, presents hazards such as lifting, carrying, and dropping objects, including the possibility of being struck or injured by objects or machinery or the activities of other members. In addition, it is possible that the consumption of

donated food may result in illness.

The undersigned hereby agrees to hold Skagit Gleaners, and its officers, members or agents harmless in the case of injury, and release and absolve Skagit Gleaners, its donors and sponsors, from any and all liability resulting from any injury that occurs in connection with activity as a member of Skagit Gleaners.

The undersigned hereby agrees that any item received will not be sold or bartered. Food may be donated to participating food distribution and feeding programs only if the Executive Director or the Distribution Manager grants permission. Parents are responsible for minor children at all times.

All individuals age 18 and over who reside in a membership household must sign this waiver.

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The section below to be completed by Office Staff

| | | | | |
|-------------|-------------|--|-----------|--------------------|
| ID # | Date Joined | Membership Donation Paid By: <input type="checkbox"/> Cash - Amount \$ _____ <input type="checkbox"/> Check # _____ Amount \$ _____ | Receipt # | Office Worker ID # |
|-------------|-------------|--|-----------|--------------------|

| | | | | | |
|----------------------------|---------------------------|----------------------------|---------------------------|--|---|
| ____ hrs due by March 31st | ____ hrs due by June 30th | ____ hrs due by Sept. 30th | ____ hrs due by Dec. 31st | Data Entry Completed By: ID# _____ Date _____ | Installments <small>*Add \$5.00 to each payment if paid by installments. (up to 3 mo. Payments)</small> |
|----------------------------|---------------------------|----------------------------|---------------------------|--|---|

| | |
|--|--|
| <u>2nd Installment</u> Date _____ <input type="checkbox"/> Cash - Amount \$ _____ <input type="checkbox"/> Check # _____ Amount \$ _____ Receipt # _____ Worker ID # _____ | <u>3rd Installment</u> Date _____ <input type="checkbox"/> Cash - Amount \$ _____ <input type="checkbox"/> Check # _____ Amount \$ _____ Receipt # _____ Worker ID # _____ |
|--|--|