



Operation Liberty Hill

caring for our community

Operation Liberty Hill (OLH) is a Christ centered community resource center that responds to the needs of people in crisis in the Liberty Hill Independent School District (LHISD), Leander, Bertram & Briggs. Assistance includes food, clothing, basic household items and referrals to other social service agencies. Limited financial assistance is available to anyone living in the LHISD.

You can join us as we help others when you:

-) **Volunteer** your time and talent.
-) **Donate** items that can be used to assist those in need or be sold in our Thrift Store.
-) **Shop** in our well stocked Thrift Store. Each purchase supports the mission of OLH.
-) **Contribute** money. 100% of all monetary donations go directly to client services, therefore 100% is tax deductible. Operation Liberty Hill is an IRS 501 (c)(3) nonprofit organization.

Call us or stop by to visit:
Susan Baker, Executive Director
512-778-4175
1401 N Hwy 183, Leander, Texas 78641
www.Operationlh.org
operationlh@att.net

Operation Liberty Hill Volunteer Application

You must be 17 years or older to volunteer. Criminal background checks conducted on all applicants to protect the organization, our volunteers, customers, clients and donors.

Name _____ Male _____ Female _____

Address _____

City, State, Zip _____

Phone number _____ Date of Birth _____

Email address _____

Training/Degrees: Institution: Date:

Present and Past employment (most recent):
Company: Type of work: Dates:

Present and Past Volunteer Activities: (most recent):
Organization: Type of work: Dates:

Current Affiliations (Church, Service Organizations, etc.):

Special Skills (retail experience, antique appraisal, computer/technical expertise, Spanish speaking, etc.):

Why would you like to volunteer at Operation Liberty Hill? _____

Please list any health problems (illnesses, food or medication allergies, mobility issues, etc.) that may limit your participation: _____

How did you learn about our program? _____

Have you ever been convicted of a crime, other than a traffic violation? _____

If yes when, what and where? _____

Are you currently a client of Operation Liberty Hill? _____

Job Placement and Hours Preferences
(check as many positions and shifts as you are interested in)

Food Pantry Positions

Food Pantry Shifts for all Positions

) Client Intake	Tues 9-1	Tues 1-5	Thurs 12-3	Thurs 3-6
) Food Order Assembly	Tues 9-1	Tues 1-5	Thurs 12-3	Thurs 3-6
) Prayer Partner	Tues 9-1	Tues 1-5	Thurs 12-3	Thurs 3-6

Donation Intake & Sorting (hours can be flexible)

Mon 10-2	Tues 10-2	Tues 2-6	Wed 10-2	Wed 2-6	Thurs 10-2
Thurs 2-6	Fri 10-3	Sat 1-5			

Thrift Store Worker (involves stocking, organizing displays, assist at check-out)

Tues 10-2	Tues 2-6	Wed 10-2	Wed 2-6	Thurs 10-2	Thurs 2-6
Fri 10-3	Sat 1-5				

Vegetable Garden (working with Master Gardeners) Thurs 9-1

Loading/Unloading Truck (should be able to do moderately heavy lifting)

Mon morning	Wed morning	Fri morning	as needed at other times
-------------	-------------	-------------	--------------------------

Drive-care (transportation for clients) on request

Building Maintenance on request

In Case of Emergency

Contact Name

Relationship

Home Phone

Cell Phone

Confidentiality Agreement

I acknowledge that I am aware that all information contained in the files at Operation Liberty Hill is confidential. I will not disclose or discuss such information with anyone other than office workers, caseworkers, or official representatives of Operation Liberty Hill.

Date _____

Signature _____

Release from Liability

I hereby release and forever discharge and hold harmless Operation Liberty Hill, its Board of Directors, employees, and contractors from any and all causes of actions, suits, liabilities, costs, damages, expenses and injuries, debts and sums of money, claims and demands whatsoever, and any and all attorneys' fees, court costs, and other expenses incurred on behalf of myself, my spouse, my executor or administrator, or any persons, arising out of participation with Operation Liberty Hill.

Signature

Date

Criminal Background Check
Operation Liberty Hill
1401 Hwy 183
Leander, Texas 78641

Consent for Criminal Background History Check

I give my permission to Operation Liberty Hill to obtain my information from a criminal background check through The Volunteer Center. I understand that this information will be kept confidential and only viewed by parties authorized by TXDPS. I understand the information will be used in part, to determine my eligibility for a volunteer position with Operation Liberty Hill. I also understand that as long as I remain a volunteer with Operation Liberty Hill, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history by a personal request to TXDPS if the need arises.

Applicant Signature / Date

Printed Name

Maiden Name or Other names Used

Male/Female

Birthdate

Last 4 digits of Social Security

Driver's License # & State

Parent authorization for volunteer under the age of 18:

Parent Name _____

Parent Signature _____ Date _____

Administrative Use Only:

CBC Finding: Clear _____ Hit _____ Date _____ Initial _____

Approved _____ Declined _____

Confidential Document: The Volunteer Center does not need this document to be attached with your CBC request. The document should remain with the requesting agency's internal files.

Operation Liberty Hill

VOLUNTEER MEDIA CONSENT AND RELEASE

I hereby authorize and release Operation Liberty Hill, its successors and assigns, to reproduce, circulate, and use my likeness and/or my child's likeness, as well as my recorded statements, for promotion, education, fund-raising, and advertising in connection with its business. I understand that my action is voluntary and in no way necessary to continue providing volunteer services and/or donations to the organization.

I prefer that: (check one)

first names only will be used

a fictitious name be used

no name at all be used

Print volunteer and/or child name

Volunteer Signature

Date

Director or Board Member

Date

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Rev. 09/2013

Please:		
Check and Initial each Applicable Space		
CCH Report Printed:		
YES	NO	_____ initial
Purpose of CCH: _____		
Emo! ___ Vol/Contractor ___		_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your		

KNOW YOUR CLIENTS' CIVIL RIGHTS

Thank you for helping in the fight against hunger in Central Texas. You are making a big difference in the lives of our neighbors in need.

The Central Texas Food Bank is grateful that our volunteers serve each client with the dignity they deserve. We are required by the U.S. Department of Agriculture (USDA) to ensure that **all clients are informed and aware of their civil rights while they are being served.**

You can be our eyes and ears by helping us identify any instances in which a client is subject to harassment or discrimination. **The Central Texas Food Bank will not tolerate harassment or discrimination by any individual.**

What is discrimination? Discrimination is the practice of unfairly treating a person or group of people differently from other people or groups of people.

USDA prohibits discrimination based on these things:

- Race
- Color
- National origin
- Sex
- Disability
- Age
- Reprisal or retaliation for prior civil rights activity

Here is the complete USDA nondiscrimination statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

