**Parkland Food Bank**

**Member Registration Form**

**First Name:** Click here to enter text.

**Last Name:** Click here to enter text.

**Address 1:** Click here to enter text.

**Address 2:** Click here to enter text.

**City/Town:** Click here to enter text.

**Province:** Click here to enter text.

**Postal Code:** Click here to enter text.

**Phone (Res):** Click here to enter text.

**Phone (Cell):** Click here to enter text.

**Email Address:** Click here to enter text.

**Birth Date:** Click here to enter a date.

**PLEASE CHECK THE BOXES THAT YOU AGREE WITH/APPLY TO YOU.**

**I grant permission to Parkland Food Bank to take and use my photographs/recordings for the promotion of Parkland Food Bank.**

**I DO NOT grant permission to Parkland Food Bank to take and use my photograph/recordings for the promotion of Parkland Food Bank.**

**I have been a client of Parkland Food Bank in the past year.**

**I hereby certify that all information included in this enrollment form is true and complete.**

**Member Name/Signature:** Click here to enter text.

**Date:** Click here to enter a date.

**Member Confidentiality Agreement**

**I acknowledge and confirm that as a member I may acquire information about Parkland Food Bank, its clients, staff and volunteers, and about certain matters and things which are of a confidential nature and that such information is the exclusive property of the organization and will remain in the strictest confidence.**

**I understand the names and any other identifying information about the Food Bank clients and members are completely confidential.**

**I agree not to divulge, publish or otherwise make known to unauthorized persons or to the public any information obtained in the course of this member experience that could identify the person who accesses services from the Food Bank or any other item of a confidential matter.**

**I understand that I am not to read information and records concerning clients, or any other confidential documents, nor ask questions of clients for my own personal information. This may only be done to the extent and for the purpose of participating as a member of the Food Bank.**

**The member shall not disclose any information obtained in the course of his/her member placement to any third parties without prior written consent from the organization. This includes but is not limited to: information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, information pertaining to clients, staff or other members.**

**I also agree to not discuss these same matters after I have left my member position at the Food Bank.**

**Information concerning any staff member or member will be released to a third party only by the Executive Director with prior written consent of the staff member/member. This includes addresses, telephone numbers, etc.**

**I understand that failure to comply with the confidentiality policies of Parkland Food Bank may result in disciplinary action, including immediate dismissal.**

**I agree to notify a board member immediately should I become aware of an actual breach of confidentiality or of a situation which could potentially result in a breach, whether this is on my part or on the part of another person.**

**I confirm that I have read the above statements and agree with them and I will, therefore, adhere to all confidential requirements contained in this agreement or as may be otherwise directed to me in writing.**

**Member Name/Signature:** Click here to enter text.

**Date:** Click here to enter a date.

**Code of Ethics**

**Foundation Ethic:**

* **Because our words, behaviors and decisions impact our food bank community, we will treat clients, volunteers, staff members and directors with the dignity and respect we would like to receive.**

**Principles of Conduct:**

1. **All client information is to be kept in strict confidence by directors, staff members and volunteers.**
2. **Directors, staff, members and volunteers will not remove or consume food bank inventory without the direct authorization of the manager.** 
   1. **Any outdated product any person is taking from Parkland Food Bank, for human or animal consumption, cannot be sold but is to be used or given away without any profit.**
3. **Directors, staff, members and volunteers will disclose any potential conflict of interest that compromises their objectivity in making decisions concerning the food bank when serving clients.**
4. **Directors, staff, members and volunteers will not engage in any kind of discrimination on the basis of gender, age, religion, race or sexual orientation.**
5. **Directors, staff, members and volunteers will not engage in harassment, violent behavior, or abuse of any kind.**
6. **When interpersonal or role related conflict occurs between directors, staff members or volunteers, the offended party shall seek to reconcile with the offending party.**
7. **If conflict is not resolved one on one, conflicting parties shall seek to reconcile as outlined in Parkland Food Bank Policies and Procedures.**

**I understand and accept responsibility for upholding the Code of Ethics of Parkland Food Bank.**

**Member Name/Signature:** Click here to enter text.

**Date:** Click here to enter a date.