VOLUNTEERS OF AMERICA COLORADO

CITY HARVEST PROGRAM

4915 E 52nd Ave.

Commerce City, CO 80022

Hours of Operation

Monday - Thursday

8:00 a.m. - 12:30 p.m.

1. Agencies are only permitted into the warehouse during posted hours of operation. Please plan your visits accordingly following your agency's assigned pick-up schedule.

2. Only two vehicles are allowed in the warehouse at any given time. Agencies must wait for the City Harvest Clerk to direct them inside the warehouse when space becomes available.

3. There is a fifteen-minute time limit allotted to all agencies picking up food items. Enter the warehouse from the alley and, when inside, turn off the vehicle engine.

4. Agency representatives MUST check in with the City Harvest Clerk BEFORE selecting food items. All donated items must be weighed on the scale and checked through the clerk prior to loading. Agency representatives will need to load their own vehicles.

5. The amount of donated food received by agencies will be determined by the quantity of food available and the number of clients served by the agency.

6. As a safety precaution, agencies are not allowed to take any food directly from a City Harvest truck before it has been unloaded. When the food has been unloaded and sorted, agencies can then proceed with their selections.

7. To ensure sanitation practices, pre-sorted, sealed boxes of food are not to be opened. All boxes will be labeled with the contents.

8. NO ONE under the age of 13 is allowed in the warehouse. If children accompany agency representatives, they must remain inside the vehicle.

9. Receipts must be signed by the agency representative receiving the order. Any changes in authorized pick-up personnel must be given to the City Harvest Clerk prior to pick-up.

10. Agency representatives and volunteers will treat all VOAC staff and volunteers with courtesy. Failure to show respect to VOAC staff and volunteers will jeopardize future access to City Harvest donations.

11. Failure to adhere to any of the above regulations will jeopardize future access to City Harvest donations and/or commodities.

I have read and understand the foregoing City Harvest regulations. I also understand that these regulations must be followed for my agency to continue receiving City Harvest donations and/or USDA commodities.

Authorized Agency Representative	Date

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*PLEASE RETURN THE FOLLOWING TO CITY HARVEST**

- The completed questionnaire
- A copy of your tax-exempt certificate
- The signed copy of the City Harvest Regulations

VOLUNTEERS OF AMERICA COLORADO

CITY HARVEST FOOD BANK

Agency Name_____

Agency Address_____

Phone Number_____ Tax Exempt #_____

Agency Director_____

Representatives Authorized to pick-up from City Harvest: must have an Agency Authorized City Harvest Card.

_____

_____

_____

Average Number of Clients Served/Monthly _____

Your Agencies Preferred Pick-Up Days

MAXIMUM OF TWO DAYS PER WEEK and **MUST SCHEUDLE PICK** through the online scheduling application. If you have any questions, please email **CityHarvestStaff@voacolorado.org**

If your agency does not pick up from City Harvest on a weekly basis, please list how many times a month you would visit the warehouse. _____

VOLUNTEERS OF AMERICA COLORADO

CITY HARVEST FOOD BANK

FOOD PARTNER APPLICATION

Date_____

Name of Organization_____

Address_____

City_____ State_____ Zip Code_____

Primary Contact _____Title_____

Main Contact Phone Number _____ Email_____

Tax Exempt #_____

- Type of Organization:
  - Food Pantry
  - Soup Kitchen
  - Shelter
  - Other_____

Average Number of Individuals Served Monthly _____

How long Has your organization been in existence? _____

- Type of food items needed.
  - Canned Food
  - Bread/Bakery Items
  - Produce
  - Dairy
  - Prepared Food
  - Shelf Stable Food
  - Other_____

How frequently does your client base change (i.e., clients stop coming and new clients begin receiving services)?

Please circle one: Weekly, Monthly, Every 3 months, Every 6 months, Annually, Other _____

Who is Your Agency Serving:

Please give us a general idea of who your agency serves.

Describe your program and the people it serves Starter examples:

- Our church pantry is in xx neighborhood. It is open every Wednesday. The typical person who accesses our pantry is a . . .
- Our program feeds people experiencing homelessness. We hand out food Mondays, Wednesday, and Fridays . . .

_____
_____
_____

Race & Ethnicity:

_____%	White/Caucasian	_____%	Asian
_____%	Black/African American	_____%	American Indian/Alaskan Native
_____%	Native Hawaiian/Pacific Islander	_____%	Two or More Races
_____%	Hispanic or Latino	_____%	Unknown

Age:

_____% Youth (0-5)	_____% Youth (5-18)
_____% Young Adult (18-24)	_____% Adult (25-60)
_____% Older Adult (60 +)	_____% Age Unknown

Other Data:

Individuals with low-income? _____%

Military Veterans? _____%

What percentage is experiencing homelessness? _____%

Single-family homes? _____%

Experiencing homelessness? _____%

BY MY SIGNATURE, I CERTIFY THAT THE DONATED ITEMS FROM THE VOLUNTEERS OF AMERICA COLORADO, CITY HARVEST FOOD BANK. WILL NOT BE SOLD OR TRADED AND IT WILL BE USED TO FEED THOSE EXPERIENCING FOOD INSECURITY.

Printed Name_____ Date_____

Signature_____