

2021 Membership Application
ALSEA VALLEY GLEANERS (AVG)

Primary Applicant's First and Last Name _____

Full Address: _____

Phone (Home) _____ (Cell) _____

EMAIL: _____ Facebook Messenger Name: _____

New AVG Applicant? _____ Are you a member of which Food Bank? _____

Other recipients of food. Please also include members of your household:

First Name	Last Name	Veteran	Date of Birth	Sex	Disability	Ethnicity
Primary Applicant	Primary Applicant					

Skills to contribute to the group: i.e. **secretary, woodworking, cooking, canning and/or help with picking up donations from town?**

What skills are you offering to volunteer? These will be reviewed for what is needed currently.

(Truck Size) _____ (Van/SUV) _____ (Car) _____ (Trailer Hitch) _____

Do you need wood? _____ How much per year? _____

Do you have means to pick it up? _____ Can you help process it? _____

PETS: (DOGS) _____ (CATS) _____ (OTHER) _____

Adults are defined as those who have attained the age of 18 or are no longer enrolled in or eligible for high school. Active members' (non-adoptees) contribution to this self-help organization is necessary to ensure maintenance operations continue, such as gleaning, storage and distribution of donated goods. Additional consideration for adoptee status may be considered by the AVG Board of Directors. We have a membership goal of 50% adoptees that are expected to contribute as they are capable. The definition of Adoptee is a household where no adult member is either physically or mentally capable of performing the gleaning group hours of required service.

Membership Level

Please choose the membership level you wish to apply for and consider the associated shared maintenance contribution as allowed by Oregon law.

Family = \$30/mo _____ Couples = \$20/mo _____ Single = \$10/mo _____

AVG will not withhold food or membership for inability to contribute financially

This Application is to become: Sponsor: _____ Gleaner: _____ Adoptee: _____ Volunteer: _____

GLEANING 2021 INCOME GUIDELINES		
Family Size	Monthly	Annual
1	\$3,222	\$38,640
2	\$4,356	\$52,250
3	\$5,490	\$65,880
4	\$6,627	\$79,500
5	\$7,761	\$93,120
6	\$8,895	\$106,740
7	\$10,032	\$120,360
8*	\$11,166	\$133,980
Disability checks from military service or Social Security do not count as income they are compensation for injuries and non-taxable payments are not considered for these 300% Federal Poverty Guidelines.		
*For each additional household member, add \$1,137 per month or \$13,620 per year.		

In order to receive donated food or reduced cost firewood, you must have a household income equal to or below 300% of the poverty guidelines set for Oregon.

Initial below if you agree to the conditions of being a member of this non-profit organization. Your application acceptance is based on these terms and, if not adhered to, will affect your membership.

1. _____ The "Shared Maintenance Contribution" is a pledged monthly amount based on box size. Monetary dues, donations, or contributions are not required to receive food or maintain membership. All funds directly help with costs of transportation, refrigeration, grant writing paperwork and printing this application!

2. _____ Active non-adoptee members are required to participate on field and back yard gleans.

3. _____ The AVG insists on maintaining a safe, respectful, gossip-free environment at all our functions. Aggressive behavior will not be tolerated, nor will we tolerate complaining. If there is a problem, you will be asked to leave the site.

4. _____ If you do not participate consistently, or make arrangements prior to taking a leave of absence, your membership will be revoked, and you will need to reapply if you wish to be reinstated.

5. _____ The AVG are a self-help organization committed to utilizing the skills and abilities of its membership.

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 apply 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. Esta institución es un proveedor que ofrece igualdad de oportunidades. Form 4–Rev 3/9/2021

Alsea Valley Gleaner Responsibilities and Waiver of Liability

AVG is a self-help program; a minimum of 10 hours of volunteer work each month, per active non-adoptee household is required. The AVG board of directors will vote to suspend active membership if hours are not received. Termination may be voted on after inactive membership has not improved contributions to this self-help organization.

I understand that Alsea Valley Gleaners is designed to let me pick left over crops from farmer's fields and/or obtain firewood in a similar manner and that I must treat the donor's property with respect and care. I understand that the crops or wood I will receive are a generous donation. I understand that 50% of what I pick will go to adoptees that want some.

With this knowledge, I _____, and anyone accompanying me, do hereby expressly agree that all our activities shall be at our sole risk and that neither Alsea Valley Gleaners nor the donors whose property we enter shall be held liable for any claims, demands, injuries, damages, actions, or cause of action whatsoever, to person or property arising out of or connected with our participation in this organization.

PARTICIPANT RELEASE FORM

I authorize _____ or I do not authorize _____ Alsea Valley Gleaners (AVG) and those acting pursuant to its authority, to:

(a) Record my participation and appearance on videotape, audiotape, film, photograph, AVG's web site, blog or other social media or record in any other medium.

(b) Use my name, likeness, voice, and biographical material in connection with these recordings.

(c) Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose that Alsea Valley Gleaners and those pursuant to its authority deems appropriate.

(d) To reproduce and distribute printed materials.

(e) I acknowledge Alsea Valley Gleaners' right to crop or treat the medium at its discretion.

I represent that I am at least 18 years of age and that I have read and fully understand the above paragraph and knowingly and voluntarily execute this release for myself and minor children if any.

Yes to Participant Release _____ No to Participant Release _____

By my signature, I am stating all preceding information is true to the best of my knowledge and agree to all the rules and regulations of Alsea Valley Gleaners. I affirm that my household qualifies to receive food and firewood under the economic guidelines on the second page of this application.

SIGNATURE: _____ **DATE:** _____

OFFICE ONLY

INTERVIEWED BY: _____ **DATE:** _____

Board Membership Approval:

Sponsor: _____ **Gleaner:** _____ **Adoptee:** _____ **Volunteer:** _____

Board Member Vote to determine an in-active status: _____

Board Member Vote to determine termination: _____