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WELCOME LETTER

Dear Friend:

We would like to take this opportunity to welcome and thank you for your interest in volunteering at Dream. Invent. Think. Organize. (DITO) Inc. A 501c3 non-profit committed to revitalizing underprivileged neighborhoods.

It is truly an exciting place to be where you can really make a difference. We hope that today finds you well and excited to learn all about the hands on programs with us.

These programs include: Segue Gardens Grocery Store, Segue Gardens Urban Farming School and the Progressive Thinkers Empowerment Program. Volunteers have the opportunity to experience grass roots engagement through food distributions, open-forum awareness groups, organic food production and so much more!

Volunteers are vital to DITO's mission therefore we appreciate all the diverse talent and skills you bring. Whether you're contributing an hour a year or an hour a day, without your time the work would be harder. Those interested in becoming volunteers must:

- Attend an orientation session to learn about the various opportunities available to DITO volunteers (1st Saturdays of the month at 9:00am at 6630 Limekiln Pk. Phila, PA 19138.)
- Observe/ Attend the desired program of interests twice before actively providing service.
- Complete and return all forms within the orientation packet. Upon registration you will begin receiving email notifications about opportunities of service.

Be Advised the minimum age to volunteer without adult presence or consent is 18 years old. Volunteers that are 17-12 years of age must have signed permission to volunteer by their parent or legal guardian. Parents and legal guardians of Volunteers under 12 years of age shall also be a volunteer, and supervise at all times.

I do hope that you will settle in comfortably and please do not hesitate should you have any questions; we are all here to help you!

P.O. Box 21326 Philadelphia, PA 19141 | www.ditoinc.org | 267-225-4758 | info@ditoinc.org



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MISSION

D.I.T.O.'s mission is to revitalize impoverished communities into safer, cleaner and progressive neighborhoods for its residents. Our charge is to combat negative effects of poverty such as poor education and unhealthiness, which plague diminishing neighborhoods. DITO desires for everyone to have a community they are proud of, can positively contribute to and grown in; regardless of economic status. It is our belief that a community is only as strong as its residents.

VALUES

- Respect the dignity and worth of each individual
 - Diverse Thinking
 - Group Empowerment
 - Delegation of Authority
- Safe and Open Environment
 - Creativity
 - Honesty and Trust
 - Diversity
- Organizational Integrity
- Ongoing Growth and Development
- Personal and Professional Enrichment
 - Quality Service
 - Positive Attitude



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ABOUT US

DITO Inc. is a 501c3 community development organization founded on Sept 25, 2013 and based in West Oak Lane Philadelphia, PA. This program intends to enrich a neighborhood on both the micro (individual) and mezzo (community) levels. We provide wellness education, urban agriculture and food distribution services for holistic growth. Our services work to expand an individual's personal obtainment while cultivating an environment conducive to growth. We believe a community is only as good as its residents; with a mind in motion for positive change.



Segue Garden Division:

The "Segue Garden Division" is D.I.T.O.'s Garden/Wellness initiative for procuring nutrition and health within urban neighborhoods. This program is geared towards increasing health awareness while providing a nutritional food resource. It is at the core of this program to guide people towards improved health while maintaining healthier lifestyles. This program desires to motivate people into seeking better food choices and educate them on the benefits of fitness.

Programs: Urban Farming School & Gleaning Grocery Store

Progressive Thinkers Division:



The "Progressive Thinkers Program" is D.I.T.O.'s Life Skills and Career initiative to propelling individuals into the workforce and their purpose. This program is geared towards increasing the human capital of its participants through motivational consultation and job readiness. It is at the core of this program to guide people towards educational achievement and individual purpose.

Programs: Life skills Empowerment Courses.

URBAN FARM SCHOOL



Program Narrative:

With the Urban Farm School, children & adults will learn agriculture, plant identification, environmental connections and more! Other in-direct outcomes are character building skills such as: patience, cooperation, teamwork and leadership skills. By participating within the Urban Farm School the surrounding community gains increased positive reinforcement (decreased crime, increased health awareness, and positive recreation) for all.

Program Description:

The Urban Farm School program is an interactive agricultural learning model throughout the year. Students will learn through both in-door and out-door activities on food identification and organic growing. Yearly each student will participate in 16 courses that teach specifically according to season (winter, summer, spring and fall). By the end of each term, students should be able to identify vegetables in their growing season, their botany and how they're grown!

URBAN FARM SCHOOL



Volunteer Opportunities

- Garden Teacher: Advanced (6-7 months position with 1 month evaluation)
- Farm Apprentice: Intermediate (4-5 months position with 1 month evaluation)
- Garden Intern: Entry (2-3 months position with 1 month evaluation)
- Gardener Intermittent: Entry

For Details on Volunteer Opportunities and Job Descriptions Visit Us Online at:

<http://www.ditoinc.org/volunteers>

Please Be Advised that new opportunities are being created all the time! Keep an eye on our website for the opportunity that best suits you.

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GLEANING GROCERY STORE



Program Narrative:

With the Segue Gardens Gleaning Grocery Store, individuals and families receive quality food at no cost to them! Through our partnerships with specialty grocery stores (Trader Joes & Fresh Market) clients are exposed to produce not commonly sold locally. This program provides participants not only with quality foods but exposure to alternative foods and ways of eating. The Gleaning Grocery Store is food banking done with a healthy twist.

Program Description:

The Gleaning Grocery Store is a year round food distribution that happens weekly; currently Saturdays. Food is transported several times weekly to the distribution site and housed until dispersed. Volunteers, food affiliates and donors are always welcome and needed.

GLEANING GROCERY STORE



Volunteer Opportunities

- Grounds Keeper: Entry (2-3 month position with 1 month evaluation)
- Food Distributor: Mid (3-4 month position with 1 month evaluation)
- Gleaning Grocery Greeter: Inter.
(4-6 month position with 1 month evaluation)
- Delivery Driver/Stocker: Advanced
(Have worked the program 6 months and meets requirements with 3 month evaluation)
- Gleaning Grocery Supervisor: Advanced
(6-7 month position with 3 month evaluation)

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Holiday & Event Schedule

Grocery Store & Empowerment			
No.	Date	Day	Holiday
1	12/30/2017	Saturday	New Years
2	01/20/2018	Saturday	Martin Luther King Jr
3	02/24/2018	Saturday	Presidents
4	03/31/2018	Saturday	Good Friday
5	05/26/2018	Saturday	Memorial
6	07/07/2018	Saturday	Independence
7	09/01/2018	Saturday	Labor
8	10/06/2018	Saturday	Indigenous People
9	11/10/2018	Saturday	Veterans
10	11/24/2018	Saturday	Thanksgiving
11	12/29/2018	Saturday	Christmas

Events			
No.	Date	Day	Event
1	9/29/2018	Saturday	Sept 25 th Inc. Day
2	12/22/2018	Saturday	Holiday Dinner



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VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability executed on (date) _____ given to me (name) _____ the volunteer/worker, hereby releases the following entity DITO Inc. and all affiliated Sponsors, workers, and partners severally, and individually of all liability. The Volunteer desires to provide volunteer services and engage in activities related to serving as a volunteer for Dream Invent Think Organize "DITO" Inc. A 501c3 community development corporation. The above named volunteer hereby agrees as follows:

1. **WAIVER AND RELEASE:** I, the Volunteer, release and forever discharge and hold harmless the above listed entities from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide. I understand and acknowledge that this Release discharges from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I am providing for the organization.

2. **INSURANCE:** Further I understand that none of the above participating entities assumes any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.

3. **MEDICAL TREATMENT:** I hereby Release and forever discharge the participating entities from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the organization.

4. **ASSUMPTION OF RISKS:** I understand that the services I provide to the organization may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release ALL participating entities from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for The organization.

5. **PHOTOGRAPHIC RELEASE:** I grant and convey to the event organizers all right, title, and interests in any and all photographs, images, video, audio in connection with my providing volunteer services for the organization.

6. OTHER: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Age

Date

If volunteer is under the age of 18, a parent/guardian must read and sign this Release/Waiver of Liability form.

Parent or Guardian

Date



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CLIENT INTAKE FORM

Please provide the following information for our records. Leave blank any question not applicable. Information you provide is confidential. Please print out this form and bring it to orientation.

Name: _____
(Last) (First) (Middle
Initial)

Name of parent/guardian (if you are a minor):

(Last) (First) (Middle
Initial)

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Marital Status:

Never Married Partnered Married Separated Divorced Widowed

Number of Children: _____

Local Address: _____

Home Phone: () _____ May we leave a message? Yes No

Cell/Other Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

Referred by: _____

OCCUPATIONAL INFORMATION:

Are you currently employed? No Yes

If yes, who is your current employer/position? _____

Are you in school? No Yes

If yes, highest level achieved educationally _____

OTHER INFORMATION:

What do you consider to be your strengths? _____

What do you like most about yourself? _____



CRIMINAL SELF DECLARATION FORM

Part: A (Please Check What Applies)

I have no previous convictions/cautions/bindovers and I understand that any area in which I work may background check to confirm this.

I have a conviction/caution/bindover for a criminal offence(s) and I understand that any area in which I work may background check to ascertain the nature of this/these previous offence(s).

Part: B

Give full particulars below of any previous convictions/cautions/bindovers for criminal offences, regardless of when they were committed. These/this will be considered by the HR Director who will decide as to whether you can proceed with employment/volunteerism.

Previous Convictions: State below, in respect of each offence for which you have been convicted.

Offense 1 (Nature of Offense)		Offense Date	
Sentence Imposed:			
Name of Court		Conviction Date	

Offense 2 (Nature of Offense)		Offense Date	
Sentence Imposed:			
Name of Court		Conviction Date	

Offense 3 (Nature of Offense)		Offense Date	
Sentence Imposed:			
Name of Court		Conviction Date	

Offense 4 (Nature of Offense)		Offense Date	
Sentence Imposed:			
Name of Court		Conviction Date	

Personal Information			
Name:	Surname:	Date of Birth:	
Home Address:		Telephone:	

Declaration

I declare that the information given in this form is, to the best of my knowledge, complete and correct. I understand that any willful mis-statement renders me liable to disqualification or dismissal if engaged.

Signature of Employee or Worker

Name _____ Signature _____ Date _____

Accepted By Human Resources

Name _____ Signature _____
Date _____



SEXUAL ABUSE AND NEGELCT FORM

DITO Inc. does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make this “zero—tolerance” policy clear to all employees, volunteers and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals and victims must follow when they learn of or witness sexual abuse or molestation. Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for the patient’s or child’s care. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not include sexual harassment, which is another form of behavior which is prohibited by DITO Inc.

Reporting Procedure

All staff/volunteer members who learn of sexual abuse being committed must immediately report it to DITO Inc. supervising employee(s) on duty designated as responsible for receiving and initiating an investigation. If the victim is an adult, the abuse will be reported by this designee to the local or state policing authority. If a child is the victim, the designee will report it to the local or state Child Abuse Agency (DHS) 215-683-6100. Appropriate family members of the victim must be notified immediately of suspected child abuse.

Investigation & Follow Up

We take allegations of sexual abuse seriously. Once the allegation is reported we cooperate fully with any investigation conducted law enforcement or regulatory agencies. We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the actor’s relationship with our organization

Retaliation Prohibited

We prohibit any retaliation against anyone, including an employee, volunteer, board member, student or individual, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious

6. OTHER: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Age

Date

If volunteer is under the age of 18, a parent/guardian must read and sign this Release/Waiver of Liability form.

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