



Dare to Care
Food Bank

Civil Rights Training Agreement

The undersigned agency partner staff/volunteer has completed the Civil Rights training and agrees to adhere to all relative policies and regulations set forth by Indiana's TEFAP program.

I, _____, from
STAFF/VOLUNTEER NAME

AGENCY NAME

participated in Civil Rights Training on _____.
DATE TRAINING WAS COMPLETED

Check the box below:

I understand that it is our agency's responsibility to adhere to all civil rights policies.

Staff/Volunteer: _____
(sign)

Date: _____

Hope starts here.