

**CIVIL RIGHTS TRAINING PARTNER AGREEMENT**

The undersigned agency has completed the Dare to Care Civil Rights training and agrees to adhere to all relative policies and regulations set forth by Indiana’s TEFAP program.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, representing

PANTRY / KITCHEN PROGRAM COORDINATOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY NAME

participated in the Dare to Care Civil Rights training.

I understand that it is our agency’s responsibility to adhere to all civil rights policies. It is also my responsibility to train new staff and volunteers on civil rights issues.

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SIGNATURE DATE

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WITNESS SIGNATURE DATE