



**Dare to Care**  
Food Bank

## Civil Rights Training Agreement

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

I, \_\_\_\_\_, representing  
**AGENCY REPRESENTATIVE**

\_\_\_\_\_  
**AGENCY NAME**

participated in Civil Rights Training on \_\_\_\_\_.  
**DATE TRAINING WAS COMPLETED**

**Check the boxes below:**

- I understand that it is our agency's responsibility to adhere to all civil rights policies.
- I understand that it is my responsibility to train new staff and volunteers in civil rights.

Agency Representative: \_\_\_\_\_  
**(sign)**

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

*Hope starts here.*