

Cuisine *for* Healing®

VOLUNTEER HANDBOOK AND APPLICATION

For all inquiries concerning this document or the volunteer program with Cuisine for Healing please contact:

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WHAT MAKES CUISINE NECESSARY...

One of our recent young clients who had a double mastectomy called our office upon receiving her first bag of Cuisine for Healing meals to tell us, "When I sat down to eat this beautiful meal...I just could not stop crying. It is a gift of life for me and so much help to my family." Cuisine for Healing is unique in Texas as all our healthy organic meals are for everyone, but by purchasing a meal or placing a catering order, someone battling a life-threatening illness, who is at or below the poverty index level, receives at no charge the same delicious, immune-boosting meals. Every nourishing meal prepared must adhere to **Cuisine for Healing's strict certification guidelines**: all ingredients used are organic* and **DO NOT** contain hormones, antibiotics, synthetic or conventional herbicides or pesticides, refined sugar, artificial colors, artificial flavors or artificial sweeteners, preservatives, MSG, refined oils, hydrogenated or partially hydrogenated oils or trans-fats, farm-raised fish or soy products. *Organic as defined by The USDA National Organic Program (NOP).

MISSION

Cuisine for Healing is a nonprofit organization committed to promoting the healing power of food by cooking organic, delicious, nutritious meals made readily available to people combating life-threatening diseases, and offering educational resources to empower individuals to make food choices that benefit their well-being and long-term health.

HISTORY

Cuisine for Healing's founder Wendy Wilke passed away in August 2008, after a long battle with breast cancer. She left her dream in the hearts and hands of a small group of friends who ensure her dream lives on. Increasing scientific data supports her belief in nutrition's key role in overall health and the healing process. Wendy's vision will always guide Cuisine for Healing's plans, inspire growth, and continue to make this nonprofit strong and resilient. We provide food to cancer patients, diabetics, transplant patients, those with heart disease as well as many other life-threatening conditions, which was Wendy's original vision written in her 501(C) (3) IRS application.

COMMUNITY FOOD PROGRAM

Because life threatening illness knows no income boundaries, our program has two components that are equally important to our mission: Medically Referred and Purchasing Clients. Our medically referred clients and 80 percent of our purchasing clients are too sick to shop, cook, or prepare food for themselves.

Medically Referred Clients are prequalified at 150% of the federal poverty index or below by Social Workers, Case Managers, and Cancer Navigators. Most of these clients are receiving medical treatment, many receive disability or SSI, and have lost insurance. They receive up to 10 CFH* Certified immune-boosting meals for 6 to 18 weeks at no charge, delivered in Tarrant County for free by our volunteers. (**Medical Referring Partners**: Cancer Care Services, Joan Katz Cancer Resource Center, JPS Center for Cancer Care, Moncrief Institute, North Texas Area Community Health Centers, Texas Health Resources, Texas Oncology, The Center for Cancer & Blood Disorders, USMD Hospitals, and other medical facilities.) **Our Service Area includes** all 41 municipalities in the 902 square miles of Tarrant County: Arlington, Azle, Bedford, Benbrook, Blue Mound, Burleson, Colleyville, Crowley, Euless, Flower Mound, Fort Worth, Grand Prairie, Grapevine, Haltom City, Haslet, Hurst, Kennedale, Keller, Mansfield, North Richland Hills, Richland Hills, Saginaw, Southlake, Trophy Club, Watauga, Westlake, White Settlement and other smaller communities.

Purchasing Clients are offered the same*CFH Certified meals for anyone in search of healthy meals or facing a health crisis, with all proceeds supporting our Medically Referred Clients. These meals can still be delivered at no charge to their home, workplace or picked up at Cuisine.

Catering with Cuisine's menu is perfect for meetings, events, luncheons, or can be tailored for any occasion with all proceeds supporting our Medically Referred Clients.

Community Information Resources include nutritional blogs that are pertinent to improving overall health, cooking demo videos for our website and informational posts on social media. Each Medically Referred Client receives, free of charge, a Cuisine cookbook full of 100+ recipes, tips, and information on ingredients and good nutrition to help them continue to make healthy choices when their 6 to 18 weeks are complete. Anyone may purchase the Cuisine cookbook for a small fee and all our resources are targeted to educate clients, their families, and caregivers on how to make good nutritional choices for long term health.

GENERAL GUIDELINES: KITCHEN

Cuisine for Healing's meals are prepared from scratch, in a licensed, city-inspected commercial kitchen, following our certification guidelines. All volunteers (and staff) who work with food and meal preparation in CFH's kitchen are **required to have a valid Food Handlers License**. These are available for a reasonable fee from the City of Fort Worth Health Department and must be obtained and on file with CFH within 30 days of the date of your first kitchen experience. Go to: <https://www.statefoodsafety.com/food-handler/texas/fortworth> for details. We are happy to assist with this process. Cuisine for Healing will do all we can to educate you about safe kitchen practices and is committed to operating in a safe manner. Cuisine for Healing will NOT be liable for any accidents or injuries that may be incurred during volunteer shifts.

As a volunteer kitchen assistant, duties can range from prepping ingredients to cleaning up, washing dishes, packaging, labeling and bagging meals. We rely on you. If you are unable to keep your scheduled shift, please advise Noah Montez, Executive Chef or Zelphany Rogers, Executive Director at your earliest convenience by calling Cuisine for Healing at 817-921-2377.

Please wear appropriate attire. This includes:

- Long pants (jeans are ok)
- Closed-toed, non-slip (i.e. rubber-soled) shoes
- No blousy, loose clothing.
- No jewelry, rings, or anything "dangly".
- Cuts or scrapes must be covered.
- Hair should be pulled back and wear either a cap or hairnet.
- Aprons are available

GENERAL GUIDELINES: MEAL DELIVERY

Cuisine for Healing's meals are delivered on Thursdays with pickup beginning at 9:00am and all deliveries completed by noon. To maintain continuity for the client and create an atmosphere conducive to nurturing clients, we ask for a minimum commitment of one delivery a month. New drivers have an option to ride along with a current volunteer driver their first time.

Plan to pick-up the meals from Cuisine for Healing, 1614 Mistletoe Blvd., Fort Worth 76104. Before you leave, double check you have the entire order and please be sure you have the client's name and contact information. **You must CALL the client when you reach their destination** to let them know you've arrived. If you anticipate an absence or are running late, please contact Sherry Segars, Outreach Coordinator, at 817-692-0726 so she can find a replacement driver.

You are responsible for your own gas. We do not reimburse for mileage or the cost of your gas while you are volunteering. However, mileage may be deductible on your federal income taxes. Please consult your tax preparer for your individual situation. In the unfortunate case of injury while on duty, please report immediately to Sherry and in addition, in case of an auto accident, contact your insurance company and, if necessary, an emergency care facility. Cuisine for Healing is **NOT** liable for personal injuries or automobile damages.

SPECIAL EVENTS

Cuisine for Healing has two main events each year which raise funds for our Medically Referred clients, Dinner Party for Life and Survivors in Style and we also participate in North Texas Giving Day. Lynn Green, our Volunteer Coordinator, will let you know what volunteer help is needed depending on the event, venue, etc.

(New opportunities to volunteer can occur at any time. Lynn will reach out by email or text to volunteers when help is needed. For example: CFH's Clean Up Day can include extra yard work, painting, cleaning windows, etc.)

WHAT TO EXPECT AS A VOLUNTEER

- To work in an atmosphere of love, kindness and respect;
- The opportunity to taste and learn about CFH's commitment to healthy eating;
- To have a choice of assignments and various dates/times options to volunteer;
- Access to a thorough orientation and training;
- The option to decline a task or cancel (with notice).

CODE OF CONDUCT FOR ALL VOLUNTEERS

- Always be cheerful and pleasant. Our mission is to provide hope. Your willingness to help will be appreciated by Cuisine for Healing clients, board, and staff. If you have concerns or grievances, please direct them to Zephany Rogers, Zelphany@cuisineforhealing.org our Executive Director.
- Assist Cuisine for Healing in providing clients with the appropriate services in a way that does **NOT** compromise or endanger the client's physical or emotional health. If a threat to a client's health is observed, the volunteer must contact a CFH staff member *immediately*.
- Do not *initiate* conversations with clients regarding politics, religion or faith. Cuisine for Healing's client services are designed to provide unconditional and compassionate care with no focus on one particular faith or belief system. When clients initiate such discussions, please share in a non-judgmental manner.
- **NEVER** give medical advice or suggest treatment options to clients.
- Do not represent the organization in any capacity while under the influence of alcohol, illegal drugs or while carrying an illegal weapon. Refrain from any conversation involving these topics while you are on a volunteer assignment.
- Do not sexually harass clients, employees or other volunteers. This includes unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature.
- Be reliable. Volunteering is a personal commitment. Fulfill any agreements you may make to the program. Do not make promises you do not intend to keep. Clients are relying on you.
- Cooperate fully and be open to the guidance from our Lynn Green lynngreen@cuisineforhealing.org our Volunteer Coordinator.
- Make a commitment to confidentiality and abide by the codes followed by all Cuisine for Healing staff.

The Code of Conduct for the Volunteer Program was designed for quality assurance purposes. By submitting the application, you are signing that you read and understand the policies and protocols of the Cuisine for Healing volunteer program. If you do not understand, please ask for clarification. You may tear off the last five pages to submit your application or you can ask for a separate application so you can maintain a complete copy of the handbook.

CFH VOLUNTEER APPLICATION

Date _____ Interest Area(s) (Circle) **KITCHEN / DRIVING / EVENTS**
Name _____
Home Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
E-mail Address _____ Birth Date _____
Reason for volunteering _____

Areas of Expertise and/or Availability _____
Preferred Method of Contact _____
Emergency Contact (name / telephone) _____
Please list any specific emergency instructions _____

FOR KITCHEN ASSISTANTS (Valid Food Handlers License required within 30 days)

Please describe your areas of interest (food prep, meal packaging, etc.)

Please describe your areas of expertise (type of cuisine, cooking, baking, etc.)

Have you ever worked in a commercial kitchen? ____ yes ____ no. If yes, where? _____
Are you a proficient home cook? ____ yes ____ no. Are you able to follow a recipe? ____ yes ____ no.
Are you able to lift 5-20 pounds? ____ yes ____ no. Are you able to stand 2-4 hours? ____ yes ____ no.
Are you interested in a ____ regular (i.e. weekly) or an ____ occasional/one-time volunteer assignment?
What is your availability? _____

FOR DELIVERY DRIVERS (Please include a copy of your insurance policy and driver's license)

Where are you willing to drive? ____ Wherever needed in Tarrant County, Areas near my home or ____ Other: please describe _____

How often will you drive? ____ a week at time ____ a month at a time ____ ongoing ____ backup only

Driver's License # : _____ DL Expiration Date _____

Insurance Company _____ Policy Number _____

Policy Expiration Date _____ Vehicle Year/Make/Model _____

I, _____, (sign name) certify that the above information is true and correct.
If applicant is under the age of 18, the signature below of a parent/guardian further certifies the information is accurate, and that the applicant has permission to volunteer in the capacity requested above.

Signature of parent/guardian

Printed name of parent/guardian

CFH VOLUNTEER HANDBOOK CERTIFICATION

I, _____, (*print name*) have received a copy of the Cuisine for Healing volunteer handbook, have been informed of its contents, have been instructed to read it and have been instructed to question information I do not understand.

I understand that this volunteer handbook is solely informational and not part of a contract.

I further understand that the information contained in this handbook is subject to change and the Volunteer Coordinator may modify or supersede the policies, guidelines and/or benefits as stated and any such changes will be reflected in future versions of this handbook.

If necessary, Cuisine for Healing can and will release any volunteer who does not adhere to our code of conduct or follow our general guidelines.

Volunteer Signature

Date

If you haven't already, expect to be contacted for either an in-person or telephone interview. If selected, your application will be processed within the next two weeks. You should receive a telephone call and/or e-mail from the Volunteer Coordinator letting you know your application has been processed. Then you will begin receiving emails to coordinate your volunteer activities which will allow you to let us know what you want to do and when.

Cuisine *for* Healing®

CONFIDENTIALITY AGREEMENT

All information I receive pertaining to Cuisine for Healing clients whether obtained by:

1. Direct contact with clients and families;
2. Exchange of information during staff/volunteer meetings;
3. Any information from other staff/volunteer members; or
4. Clients and family records

will be held in strict confidence in order to protect the rights of all clients and families.

TRANSPORTATION AGREEMENT

I understand that if I drive as a part of my volunteer/staff service, I will maintain a valid driver's license and the state-required automobile insurance. Copies of both will be on file at Cuisine for Healing's Fort Worth office.

In case of an auto accident, I will contact my insurance company and, if necessary, an emergency care facility. I understand that Cuisine for Healing will **NOT** be liable for personal injuries or automobile damages.

KITCHEN AGREEMENT

I understand that I am solely responsible for my safety while working in the Cuisine for Healing Kitchen and that Cuisine for Healing will NOT be liable for any accidents or injuries that may be incurred during my work shift.

MEDIA RELEASE CONSENT FORM

I give permission to Cuisine for Healing and its affiliates to photograph me in special events or service programs provided by Cuisine for Healing. Cuisine for Healing has my permission to use the photographs taken in official agency program reports and/or program advertisements. I understand that the above photographs become the property of Cuisine for Healing and that they may be used for news, education, web pages or other purposes related to the advancement of the agency's programs.

My signature below indicates that I have read this document, understand its full meaning and promise to adhere to each of the agreements described above.

Signature

Print Name

Date



Drug and Alcohol Policy

Cuisine for Healing (herein "CFH") is dedicated to establishing and maintaining a safe and healthy environment that is conducive to effective business operations. Therefore, employees and volunteers are prohibited from using or being under the influence of illegal drugs or alcohol while on CFH premises or while performing services for CFH or CFH related business.

Working/Volunteering:

- Whenever employees or volunteers are working/volunteering at an event or performing duties on behalf of CFH, they are prohibited from:
 1. Using, possessing, buying, selling, manufacturing or dispensing an illegal drug.
 2. Being under the influence of alcohol or an illegal drug.
 3. Possessing or consuming alcohol.

Special Event Policy:

- If employees and volunteers are at a special event sponsored by CFH and **not** representing CFH by performing services, they are allowed to consume alcohol in moderation. Employees/volunteers are expected to maintain a professional demeanor and conduct at these events.
- In no instance may any underage individual consume alcohol at any special event sponsored by CFH.
- All employees, volunteers, and patrons are expected to comply fully with all laws (including laws prohibiting the operation of motor vehicles while under the influence of alcohol), and to take safety precautions including arranging for a designated sober driver.

I have carefully read the Drug and Alcohol Policy. I agree to abide by this policy.

Print Name: _____

Signature: _____



6000 Western Place Suite 480
Fort Worth, Texas 76107

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of...

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit ... to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

- 1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as ... and FleetScreen from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of FleetScreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to ... as part of its investigation of my employment application.

Form fields for FULL NAME, AK.A, ADDRESS, CITY/ST., ZIP, PREVIOUS ADD., CITY/ST., ZIP, *DOB, SSN, DRIVERS LICENSE No., STATE ISSUED.

Applicant Signature: _____ Date: _____

*This is for criminal purposes only

Must be completed by client before investigation will be performed

Client: _____ Manager: _____ Date: _ / _ / _

Please check all that apply

