

# 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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Community Outreach Coordinator  
[sherry@cuisineforhealing.org](mailto:sherry@cuisineforhealing.org)  
o: 817.921.2377

## **CUISINE FOR HEALING MISSION & FOOD PROGRAMS**

### **Our Mission**

Cuisine for Healing is a 501(c)(3) non-profit organization committed to making nutritious, delicious food readily available for people combating disease while providing education about the power of healing food.

### **Healthy Fresh Foods**

Cuisine for Healing has created a selection of fresh, healthy meals that are designed to bolster the immune system, clear the body of toxins and help the body heal faster. All prepared meals meet our Cuisine for Healing guidelines.

### **Cuisine for Healing Certification Guidelines**

All Cuisine for Healing meals do NOT contain hormones, preservatives, antibiotics, pesticides, trans fats, refined sugar, artificial sweeteners, artificial flavors or artificial colors and when possible, organic ingredients are used.

### **Meals for Purchase Program**

Cuisine for Healing fresh and packaged meals can be purchased online or over the phone. Meals may be picked up at select locations or delivered directly to your home (within Tarrant County). All items must be pre-ordered and pre-paid. For more information or to place an order, call Cuisine for Healing at 817-921-2377 or visit us on the web at [www.cuisineforhealing.org](http://www.cuisineforhealing.org).

### **Outreach Food Program**

Cuisine for Healing's goal is to make delicious, nutritious food available to all individuals, regardless of income level. Qualifying low-income clients may receive Cuisine for Healing meals at no cost for 4 – 12 weeks. To learn more about qualifying for the Cuisine for Healing Outreach Food Program, please contact us at 817-921-2377 or visit us on the web at [www.cuisineforhealing.org](http://www.cuisineforhealing.org).

### **Community Educational Classes**

Cuisine for Healing offers demonstrative cooking classes targeted to educate clients, their families, or caregivers on how to plan meals, grocery shop efficiently, and prepare healthy, delicious meals. We offer other educational services as well, plus information and healthy recipes can be found on our website at [www.cuisineforhealing.org](http://www.cuisineforhealing.org).

### **Our Service Area**

Cuisine for Healing serves all individuals within Tarrant County.

[www.cuisineforhealing.org](http://www.cuisineforhealing.org)  
[info@cuisineforhealing.org](mailto:info@cuisineforhealing.org)  
817-921-2377

## GENERAL GUIDELINES: KITCHEN

Cuisine for Healing 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 Handler Card. These are available for a reasonable fee (\$21, \$8 for those age 62+) from the City of North Richland Hills Health Department and must be obtained and on file with CFH within 30 days of the date of your first kitchen experience. See [www.nrhtx.com](http://www.nrhtx.com) for details. Click on "Departments", "Health and Food Safety", "Food Safety and Inspections", then "Food Handler Card." 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. Neither Cuisine for Healing nor The Hills Church will be liable for any accidents or injuries that may be incurred during volunteer shifts.

Kitchen volunteers are needed to help **PREPARE** and/or to help **PACKAGE** meals. All volunteers will start in the packaging area to gain an understanding of our process and routine, and will be invited to work with food preparation according to their level of interest.

**Preparation:** Volunteers will be assigned to a work station equipped with a cutting board and other necessary tools. You will be supervised by CFH staff who will guide and direct the flow of work and food preparation according to the needs of the day. Kitchen tools are available, but you are welcome to bring your own knives and apron. Plan to do a lot of veggie washing, peeling and chopping.

**Packaging:** Volunteers will be part of an assembly line of workers portioning meal components into individual serving containers, applying labels etc., according to a "master" or sample meal. Meals are then bagged and labeled with the client's name and order form (if applicable).

We rely on you. If you are unable to keep your scheduled shift, please try to find a replacement from among other volunteers, and advise the Kitchen Manager at your earliest convenience.

Our weekly routine looks like this:

**Monday (10:00am to 2:00pm and/or 2:00pm to 4:00pm)**

- Prepare 6 different meals/soups
- Package and bag meals per orders
- Deliver meals to our distribution point at 1450 8<sup>th</sup> Ave., Fort Worth for pickup/delivery on Tuesday

**Tuesday (9:00am to 10:00am pickup. Deliver by Noon.)**

- Volunteer drivers deliver meals to clients. Clients may choose self-pick up if they prefer.

**Wednesday (10:00am to 4:00pm)**

- Prepare 8 different meals/soups

**Thursday (10:00am to 2:00pm)**

- Package and bag meals per orders
- Deliver meals to our distribution point 1450 8<sup>th</sup> Ave., Fort Worth for pickup/delivery on Friday

**Friday (9:00am to 10:00am pickup. Deliver by Noon.)**

- Volunteer drivers deliver meals to clients. Clients may choose self-pick up if they wish.

Please wear appropriate attire. This includes:

- Long pants (jeans are ok)
- Close-toed, non-slip (i.e. rubber-soled) shoes
- Cotton is safer than man-made fabrics like nylon and polyester.
- No blousy, loose clothing.
- No jewelry, rings, or anything "dangly".
- Aprons are available.
- Hairnets are required.

## **GENERAL GUIDELINES: MEAL DELIVERY**

Cuisine for Healing meals are delivered twice weekly — pickup between 9:00am and 10:00am on Tuesdays and Fridays, deliver by noon. You may drive both days or make Tuesday only or Friday only deliveries. However, to maintain continuity for the client and create an atmosphere conducive to nurturing clients, we ask for a minimum commitment of one month. New drivers have an option to ride along with a current volunteer driver their first time.

Meals are delivered from two locations. Let us know from which location you prefer to deliver.

1. **Cuisine for Healing**, 1450 8<sup>th</sup> Avenue, Fort Worth 76104 (South entrance of Texas Oncology building), just South of Baylor All Saints Hospital. For directions, please call the office at 817-921-2377.
2. **The Hills Church of Christ**, NRH campus, 6300 NE Loop 820, N. Richland Hills, TX 76180 (Rufe Snow exit). For directions please call the church at 817-281-0773 or visit their website at [www.thehills.org](http://www.thehills.org). If for some reason the doors are locked, please call Karon in the kitchen at 817-925-8414, and she will let you in the building.

Plan to pick up your meals at your designated location between 9:00am and 10:00am and have them delivered by 12:00pm. Before you leave, double check the accuracy of each order. Please be sure you have your map/directions, as well as the client's name and contact information. If you anticipate an absence or are running late, please contact the office at 817-921-2377 as early as possible. If after hours, please contact Sue Austin at 817-231-2377.

Please exhibit patience with clients as they could have some difficulty in answering the door promptly. Be prepared to put the meals away for the client if asked depending on his/her condition. Remember — **NEVER** give medical advice or suggest treatment options to clients. Since many of our clients have compromised immune systems, if you are sick or feel that you may be contagious in any way, please let us know so that we may find a substitute 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 the Driver Coordinator or designated supervisor. 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.

Cuisine for Healing is so thankful for your generosity.

## **EDUCATION COMMITTEE**

An Education Committee is forming! This group will have broad responsibilities to develop materials that will speak to the second part of our mission: Educating people about the power of healthy food. Those involved in this area may be involved in formulating community cooking classes, providing training to convert to healthier way of eating – from grocery shopping and preparing meals to stocking your pantry, and more. If you are employed or credentialed in a health/wellness field, knowledgeable in food/nutrition, etc. you may find this a good fit. We would love to benefit from your expertise and enthusiasm.

## **SPECIAL EVENTS**

Cuisine for Healing has several fundraisers each year to raise funds for our Outreach Food Program. These evening events are usually held in lovely venues in Fort Worth, and last several hours. They are typically fairly labor intensive – from set up, decorations, registration, raffle ticket sales, meal planning/preparation and serving, to tear down and clean up. Setup and clean up can take several hours before and after the actual event. If you love our cause but cannot commit to a weekly activity, this intensive, fast-paced, occasional opportunity might be ideal for you.

## **ADMINISTRATIVE/OFFICE**

With all these activities, there is always office work to be done. Duties in this arena continue to unfold, but can include data entry, answering the telephone, doing mailings, preparing information packets, assisting walk-in clients, etc. If you love to sit at a desk, work with the computer, helping customers, and/or enjoy completing tasks, this opportunity might be ideal for you.

## WHAT TO EXPECT AS A VOLUNTEER

Volunteers can expect:

- To work in an atmosphere of love, kindness and respect while we prepare, package and share;
- The opportunity to taste and learn about CFH's commitment to healthy eating;
- To be treated with respect and valued;
- To have a choice of assignments and various dates/times options to volunteer;
- Access to a thorough orientation and training; and
- 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 the Community Outreach Coordinator.
- 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 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 of the Community Outreach Coordinator and supervising staff. 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

*Please print all information*

Date \_\_\_\_\_ Interest Area(s) (Circle) **KITCHEN / DRIVING / EDUCATION / EVENTS / OFFICE**

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

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

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

What part of the cooking process do you most enjoy? \_\_\_\_\_

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? (Circle) Mon. AM / Mon. PM / Wed. AM / Wed. PM / Thurs. AM / Thurs. PM

## 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

Other: please describe \_\_\_\_\_

When are you available?  Both Tuesday and Friday (in the same week)  TUES only  FRI only

How often will you drive?  week at a time  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 Community Outreach Coordinator or President 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 Community Outreach 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.

*Interviewed* \_\_\_\_\_ *Processed* \_\_\_\_\_ *Orientation* \_\_\_\_\_ *Start Date* \_\_\_\_\_



**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. Further, during my volunteer shift, I agree not to use my cell phone for any reason while in my car unless I come to a complete stop. 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 neither Cuisine for Healing nor The Hills Church will 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: \_\_\_\_\_

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



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 ... The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company.

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.

FULL NAME ... A.K.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

STATE CRIM ... COUNTY CRIM ... SSN ... MVR ... CDL: YES / NO

## **Confidentiality, Privacy, and Information Security**

**HIPAA:** Acronym that stands for the Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients/clients medical records and other health and personal information provided to health plans, doctors, hospitals and other health care providers.

While we do not function directly as a healthcare provider or insurance company, at Cuisine for Healing we do have privileged information about clients we provide food for. That makes us accountable in following HIPAA laws.

**There are 2 things to remember about protecting confidential information:**

1. Access information only if you need it to do your job or the client voluntarily shares. We never make transactions with credit cards or cash unless it is the office. Please always tell them to call the main number for assist in this area.
2. Share information only with others who need it to do their jobs. Client information should be kept confidential- please no sharing with family and friends.

**Confidential information is stored and shared in the following ways:**

Verbal Communication (talking)

Paper Documents

• Electronic Data

## **What Happens if we Violate HIPAA Law?**

- |   |  |
|---|--|
| 1. Covered entity or individual did not know (and by exercising reasonable diligence would not have known) the act was a HIPAA violation. | \$100-\$50,000 for each violation, up to a maximum of \$1.5 million for identical provisions during a calendar year    |
| 2. The HIPAA violation had a reasonable cause and was not due to willful neglect.   | \$1,000-\$50,000 for each violation, up to a maximum of \$1.5 million for identical provisions during a calendar year  |
| 3. The HIPAA violation was due to willful neglect but the violation was corrected within the required time period.                        | \$10,000-\$50,000 for each violation, up to a maximum of \$1.5 million for identical provisions during a calendar year |
| 4. The HIPAA violation was due to willful neglect and was not corrected.  | \$50,000 or more for each violation, up to a maximum of \$1.5 million for identical provisions during a calendar year  |

### **Protected Client Information:**

- Name
- Address
- Dates of birth, admission, discharge, death
- Telephone and fax numbers
- Email address
- Social Security number
- Account number
- Certificate/license number
- Any vehicle or other device serial number
- Web URL
- Internet Protocol (IP) address
- Finger or voice prints
- Photographic images
- Medical history & treatment
- Financial information (insurance, credit/debit card numbers)

### **Protected Employee Information**

- Driver's license number
- Social Security number
- Bank account numbers
- User ID and passwords

**Acknowledgement of HIPAA Training**

**I have read and understand HIPAA and how it affects me as an  
Employee, Board Member or Volunteer.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_