

**VOLUNTEER HANDBOOK AND APPLICATION**

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

Please contact:

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info@cuisineforhealing.org

### 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 lifethreatening 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 Handler Card. 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. See <http://fortworthtexas.gov/health/food-handler-training> 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.

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 advise Zelphany Gates, Executive Director, as soon as possible. Zelphany@cuisineforhealing.org

**Please wear appropriate attire. This includes:**

* Long pants (jeans are ok)
* Close-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 — pickup between 9:00am and 11:00am** **and delivered 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 the accuracy of each order. Please be sure you have the client’s name and contact information. If you anticipate an absence or are running late, please contact Sherry Segars, RN, BSN, our 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 Segars, Sherry@cuisineforhealing.org. 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 several fundraisers each year to raise funds for our medically referred clients. These 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, fast-paced, occasional opportunity might be ideal for you.

# ADMINISTRATIVE/OFFICE

With all these activities, there is always office work to be done. Duties can include answering the telephone, doing mailings, preparing information packets, assisting walk-in clients, etc. If you love to sit at a desk, help 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;
* 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 Lori Henson, lori@cuisineforhealing.org our CEO.
* 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 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

***Please print all information***

 Date Interest Area(s) (Circle) **KITCHEN** / **DRIVING** / **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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 or zoom 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.

*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.

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.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ . 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 ofmy 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, frrm 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 \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ AK.A \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

ADDRESS \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ CITY/ST. \_ \_ \_ \_ \_ \_ \_ ZIP \_ \_ \_ \_ \_ \_ \_

PREVIOUS ADD.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ CITY/ST..\_ \_ \_ \_ \_ \_ -' ZIP \_ \_ \_ \_ \_ \_ \_

\*DOB\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ SS\_N \_ \_ \_ \_ \_ \_ \_ \_

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