



Food Service Helper/Worker Training Manual

CONTENT:

Customer Service
Tasks and Responsibilities
Uniform, Jewelry Guidance
Food Safety, HACCP
Thermometer use, calibration-“Temperatures to know”
Safety-Knife and slicer use-“Right to Know”

Offer vs Serve Breakfast and Lunch
Production Records/ Portion control/ Standardized recipes
Preparation and presentation\
Farm to School

Cleaning, Sanitation, Pest Control
School Signage

Updates-Child Reauthorization

BOOT CAMP 101

Approx. time needed: **3.5 - 4 Hours** (with a break)

School needs to supply computer, projector and screen - Internet access if possible.

“Child Nutrition is an ever changing profession, and as professionals we need to stay abreast of change. This workshop, whether you are new to Child Nutrition or a veteran, will teach / remind you of the skills, procedures and expectations of your role in providing the very best program for your students.”

Thank you to The New York School Nutrition Association, who makes this program possible



Application & Agreement Form to Request “Basic School Food Service Boot Camp”

Name of **Member** Requesting Training: _____

NYSNA Membership #: _____ Area of State: _____

School District or Chapter: _____

Contact Phone #: _____ Email: _____

Cell Phone #: _____ Fax: _____

Full Address Where Training Will be Held:

Name of Building: _____

Address: _____

City, Zip Code: _____

Name of Training Room: _____

Date Requesting Services: _____ Time of Day: _____ to _____

Who will attend the Program? _____

Number of People Expected (minimum of 25): _____

Will this be “required” for your staff to attend? _____

Will you be paying staff to attend? _____

Please check the appropriate box – For whom are you requesting the training?:

District Staff Combined Districts Training Chapter Function Area

3 ½- 4 CEUs will be provided to certified members attending the full program.

Please be sure this 2 page application is complete before applying for the training.



Please read the terms below for requesting training , sign and submit with request:

I (known here as “the requester”) understand that **New York School Nutrition Association** (NYSNA) will provide and pay for the professional services of the trainer. NYSNA will also pay for the trainer’s transportation to and from the training site. This is the total financial obligation of NYSNA in offering this training unless the trainer must take a room for the night in which case NYSNA will pay for the trainer’s room and any meals not offered during the training. NYSNA requires that there be a minimum of twenty-five (25) attendees in order to provide the training. NYSNA will send a signed copy of the application and agreement form when the request has been approved.

Terms for the requester of services:

As the requester, I understand the Director of the program must be a current NYSNA member as this service is a member benefit. My obligation as the requester of these services is to provide a room for the training with adequate AV (Computer, LCD player, screen, internet access if possible, microphone, podium), a stool and water. The trainer will be guaranteed a reserved place to park at the training site. The trainer will provide the service requester with a Food Service Helper/Worker Training Manual, by email, one week in advance of the training (approximately 35 pages) for duplication for each participant at the district’s expense. The school district will be responsible for any insurance required to hold the training and any fee charged by the district for use of the room or AV. The requester will provide a sign-in sheet for attendees and hand it to the trainer at the conclusion of the training. The requester agrees to complete an evaluation of the program and the service at its completion and mail or fax it to Headquarters. The requester understands it is his/her responsibility to contact NYSNA to cancel services at least one week in advance of training should there be a change of plans or should the number not meet the required 25 participants or as soon as possible if an emergency situation should arise. The requester has the support of his/her district in offering these services on the above date. The requester’s signature guarantees full acceptance of the terms required by NYSNA to provide training.

Signature of Service Requester

Date

Signature of NYSNA – Service Provider

Date

Send to:

NY School Nutrition Association
125 Wolf Road, Suite 312
Albany, NY 12205