

CIVIL RIGHTS TRAINING LOG

Agency Name: _____

Agency Code: _____ Date: _____

The following staff/volunteers received the required Civil Rights Training on the above date. By signing this form, I understand all the information provided and discussed at this training. **INDIVIDUAL VOLUNTEER SIGNATURES ARE REQUIRED.** No typed signatures or signatures all signed by the same person will be accepted.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Remember to keep a copy of this training log on-site at your agency AND forward a copy to the Lowcountry Food Bank for your agency file. This training is MANDATORY for all Lowcountry Food Bank member agencies receiving USDA Commodities.