

NYSNA

**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

Approx. time 3-3.5 Hours w/ 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”  
Training by Ray Denniston

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 Function

Distance from Binghamton HS at 54 Main Street, Binghamton, NY 13905

(Please map quest the address to your address and tell us the mileage – one way) \_\_\_\_\_ mi.

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

Please be sure this 2 page application is *totally 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:**

NYSNA  
125 Wolf Road, Suite 315  
Albany, NY 12205  
Phone: 1-800-697-7372

Fax: 518-446-0113