Food Stamp Employment and Training

Rights and Opportunities Acknowledgement Form

Welcome to the Food Stamp Employment and Training (FSET) program. We have provided information about the FSET volunteer program below. Please read each statement carefully to learn about your rights while participating in the FSET program, as well as the opportunities the FSET program has to offer. Check off each box next to the statements indicating you understand your rights and opportunities. If you do not understand a statement, do not check the box next to it. Speak with a program staff member before checking off the box and signing the form.

- ❒ I understand the FSET program is a volunteer program. If I do not want to participate in activities, I do not have to. I understand that if I choose **not** to participate in the FSET program, my food stamps will not be stopped or interrupted.

- ❒ I understand that I can get assistance finding employment while participating in the FSET program.

- ❒ I understand and acknowledge that a transportation reimbursement is available to help me attend FSET program activities. I also understand that in order to receive assistance with transportation costs:

  - I will turn in proof that I am participating in my selected activities, and
  - I will turn in proof of how much I have spent to get to and from my activities.

- ❒ I understand and acknowledge that professional behavior is an important part of volunteering in the FSET program.

  - If I am going to miss or be late to an appointment, I must call and speak with an FSET program staff member in advance.
  - If I am going to miss or be late to my activity, I must call and speak with my activity supervisor in advance.

- ❒ I understand that I have the right to file a grievance with the Regional Workforce Board if I am denied a transportation reimbursement. The address to my local Regional Workforce Board can be found online at: **http://www.workforceflorida.com/boards/table.htm#1**. **I will mail my request to have a grievance review to the Regional Workforce Board, as well as the reason I am requesting the grievance review.**

- ❒ I understand that I am responsible for reporting any changes to my contact information to the Department of Children and Families (DCF).

- ❒ I understand that if I find employment:

  - I am responsible for notifying DCF as well as the FSET program staff immediately, and
  - I may be able to receive additional services through the FSET program as long as I have been participating in activities prior to finding employment.

Acknowledgement Statement

By signing this form, I understand each of the checked statements above. I understand my rights as they have been explained to me. I understand the opportunities the FSET program has to offer me.

_____	_____
Volunteer's Signature	Date
_____	_____
Printed Name of Volunteer	Case Number