

# **CAFETERIA VOLUNTEERS 2024-25 SCHOOL YEAR**

**Chairperson: Megan Cutlip (304-807-8253) [Megan.a.cutlip@gmail.com](mailto:Megan.a.cutlip@gmail.com)**

- Three volunteers are needed Monday-Friday
- Lunch Duty is 10:30 AM – 1:00 PM. The third volunteer works .  
from 11:15 AM – 1:00 PM.
- Return this form to the CCHS office

VOLUNTEER'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ (\*\*Please print legibly—this is how we will communicate with you\*\* along with the Group Me App)

Preferred Day(s):

\_\_\_ MONDAY \_\_\_ TUESDAY \_\_\_ WEDNESDAY \_\_\_ THURSDAY \_\_\_ FRIDAY (If no preferred day is checked, you will be scheduled when needed)

**have completed the online test for food handlers as required by the Kanawha County Health Dept. (see below)\***

Are there volunteers you wish to work with monthly?

NAME(S): \_\_\_\_\_ (Please confirm preferred day with these volunteers) \_\_\_\_\_

**\*The Kanawha County Health Department requires all cafeteria volunteers to successfully complete an online test before handling and serving food to students. You will be added to the schedules *after* you have successfully completed the test. Please contact the school office to obtain a voucher number that you will use to sign in before beginning the online test. Cards are good for two years.**

**Go to: [www.statefoodsafety.com/CustomPortal/KanawhaCharlestonCounty](http://www.statefoodsafety.com/CustomPortal/KanawhaCharlestonCounty) and proceed as follows:**

**Click Food Handler**

**Select 2-year card**

**Select Language and then Proceed to Cart**

**Enter Voucher Code**

Complete A or B:

- A. \_\_\_\_\_ I completed VIRTUS training in \_\_\_(month)/\_\_\_\_\_(year)  
@ \_\_\_\_\_ school Specify \_\_\_\_\_  
\_\_\_\_\_ church Specify \_\_\_\_\_  
\_\_\_\_\_ pastoral center Specify \_\_\_\_\_  
\_\_\_\_\_ other Specify \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

B. \_\_\_\_\_ I have not yet completed VIRTUS training. I understand that VIRTUS training is mandatory for all adults volunteering at CCHS as well as throughout the Diocese of Wheeling – Charleston. I will complete this training as soon as possible and will not be placed in any volunteer capacity at CCHS until I complete my VIRTUS training.

Print name \_\_\_\_\_ Signature \_\_\_\_\_