

2019 Acknowledgement of Policies

Please sign the bottom of this form.

Rules and Regulations

I understand that the Online Concessions Training and Classroom training are not all-inclusive (including, but not limited to, Safety Training, Food Safety, GuestPath, and Game Day Information).

I understand that it is my responsibility to read and understand this material, although it may not be covered in its entirety during training. I understand that I may request an additional copy of any of these materials if needed at any time. I also understand that I may ask my Group Leader or the Non-Profit Coordinator at any time if I do not understand any information provided during training.

I understand that these documents are not intended to create a contract between myself and Sportservice.

Delaware North Companies Food Safety Course Completion Acknowledgement

I acknowledge that I reviewed the Food Safety Training which is included with Concessions Training, either online or in person. Any questions I may have were asked and answered by my Group Leader or the Non-Profit Coordinator.

Workplace Violence

I acknowledge that I reviewed the Preventing Workplace Violence presentation on greenbaysportservice.com in full. Any questions I may have were sent to my Group Leader or Non-Profit Coordinator.

Additionally, I was provided with a copy of Delaware North Companies Corporate Policy 240.0 Violence in Workplace Prevention, which is also included on greenbaysportservice.com.

PCI Acknowledgement

I have read, been given the opportunity to ask questions, and understand the Credit Card Information Handling Procedures that are referenced in this form as "Procedures." I understand that the Credit Card Information Handling Procedures are a subset of the Delaware North Companies Information Security Policy and can obtain this policy from my Group Leader or the Non-Profit Coordinator, if requested.

I will adhere in all respects to the Procedures as they apply to my volunteer work. I further understand that any violation of the Procedures will subject me to appropriate corrective counseling, up to and including termination from participation as a volunteer.

GROUP NAME _____ Date: _____

Print Volunteer Name _____

Volunteer Signature _____

Polo Shirt Size _____

Windbreaker Size _____

