



MEMORANDUM OF UNDERSTANDING

February 21, 2024

Date

To Whom It May Concern;

The mission of Kentucky Cooperative Extension is to make a difference in the lives of Kentucky citizens through evidence-based education.

The University of Kentucky Nutrition Education Program offers free nutrition education to limited resource audiences in Campbell County. The key messages provided include;

- Make half your plate fruits and vegetables
- Make half your grains whole grains
- Switch to fat-free or low-fat milk
- Drink water instead of sugary drinks
- Practice good food safety behaviors
- Stretch your food dollars
- Be more physically active

Kentucky Cooperative Extension and Bellevue Independent School District hereby mutually agree to work together to: Develop and promote educational opportunities that support the educational mission of the Kentucky Cooperative Extension Service in the county and the Expanded Food and Nutrition Program (EFNEP) and the Supplemental Nutrition Assistance Program (SNAP-Ed).

In addition, Bellevue Independent School District does not discriminate in its' membership and programming policies. Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Signature of Community Partner

Signature of Cooperative Extension Service Agent/
Assistant

**STATEMENT OF COMPLIANCE IN NONDISCRIMINATING
CONDUCT OF EXTENSION SPONSORED GROUPS**

This is to certify that

Bellevue Independent School District

(Organization/Group Name)

and its staff will serve all people regardless of economic or social status and will abide by all local, state and federal laws and University of Kentucky policies prohibiting discrimination on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability, as provided by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, Kentucky Revised Statutes Chapter 344, and University of Kentucky policy. By signing this document, the undersigned understands and agrees to comply with all policies of the University of Kentucky and the United States Department of Agriculture regarding the aforementioned laws and their implementing regulations.

Signed:

President/Chairman/Leader

219 Center Street, Bellevue KY 41073

Address

February 21, 2024

Date

PROGRAM AND STAFF DEVELOPMENT



Staff / Volunteer Nutrition Education Program WebNEERS

1. Your Name: _____

2. Educator's Name: _____

3. Address: _____

City State Zip: _____

4. Phone: _____

5. Email: _____

6. Gender: ___ MALE ___ FEMALE ___ PREFER NOT TO RESPOND

7. Are you Hispanic or Latino? ___ YES ___ NO

6. Race: Check ALL of the races that apply to you.

- ___ American Indian or Alaskan Native
- ___ Asian/Pacific Islander/Native Hawaiian
- ___ Black or African American
- ___ White
- ___ Multi/Two or More Races
- ___ Other/Choose Not to Identify

7. Are you 18 years old or older? ___ YES ___ NO

8. Are you a current or former EFNEP participant? ___ YES ___ NO

Official Use Only

Role: ___ Formal ___ Non-Agency

___ Agency-Paid ___ Students/Interns

Number of Hours: **Adult** _____ **Youth** _____



**UNIVERSITY OF KENTUCKY
COOPERATIVE EXTENSION SERVICE
ASSUMPTION OF RISK, RELEASE AND WAIVER FORM
Nutrition Education Programs**

Dear Parents or Guardians,
Please fill out the following information. This form must be submitted before the first class in order for your child to participate in food preparation and/or taste testing activities.

Please return your form to:

Personal Information

Child's Name:	List All Food Allergies (ingested and handling) and Explain Restrictions:
School:	
Grade & Teacher:	
Parent/Guardian Name:	
Parent/Guardian Email Address:	
Parent/Guardian Phone Number:	

My Child is Voluntarily Participating In: _____

I understand that my child will be exposed to a variety of foods.

I understand that reasonable efforts will be made to accommodate my child's food allergies, however all risks cannot be controlled for with this activity.

I understand my child will be working with cooking tools and appliances with supervision.

I understand the nature of the proposed activities and hereby assume any and all risks associated with those activities.

I understand the risks involved in this activity and I am voluntarily allowing my child to participate in food preparation and/or tasting activities.

By my signature below, I hereby recognize and assume all risks associated with this activity, and waive any claim that I might have arising out of this activity.

My child has my permission to participate in University of Kentucky Cooperative Extension Program. In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed.

Publicity Release

I hereby grant NEP, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

_____ YES, I do permit. _____ NO, I do not permit.

_____ Date _____
(Parent/Guardian Print Name)

(Signature)