

APPLICATION MASTER FOODS EDUCATOR PROGRAM

Name: _____

Address: _____

City: _____ (State) _____ (Zip)

Phone: _____ (home) _____ (work) _____ (cell)

Email: _____

COMPLETE THE FOLLOWING AS FULLY AS POSSIBLE
(Use additional sheets if necessary)

Foods/Nutrition Experience	Less Than 5 Years	5-10 Years	More than 10 Years
Cooking			
Meal Planning			
Food Safety			
Making Healthy Food Choices			
Food Purchasing			
Special Diets			
Teaching			
Other			

Food/Nutrition Educational Training	Title	Location	Date
Seminars/Workshops			
Short courses			
Work Related			
Academic Courses			
Degrees Earned			

3. List foods, nutrition, health affiliations (gourmet clubs, professional organizations)

4. Describe any previous volunteer experience.

5. Describe any skills in other "non-foods" areas (such as computer skills, writing, public relations, graphic design, photography, etc.)

6. List your current employer and position.

If retired, list occupation before retirement. _____

7. Write a paragraph or two describing what you would like to do with your foods/nutrition knowledge as a volunteer with the Delaware Master Foods Educators. Include audiences you would like to work with and topics of interest.

If accepted and upon completion of the course of study, I agree to volunteer 40 hours during the first year to Master Foods Educator projects. If I choose not to volunteer, I promise to pay the \$125.00 by the end of one year.

Signature

Date