



**MASTER FOODS EDUCATOR
APPLICATION FORM**

Name: _____

Address: _____

City: _____ State _____ Zip _____

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

Email: _____

Please list any times you would NOT be available for training and/or volunteer work (work schedules, vacations, other commitments). _____

Training and Education Completed (check all that apply):

- _____ High School/Technical or Trade School
- _____ Associate's Degree
- _____ Bachelor's Degree
- _____ Master's/PhD
- _____ Foods, Nutrition or Health related degrees, certification, or training

List foods, nutrition, health or wellness classes, courses, and training you have had, including approximate dates and institution or organization.

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

Activities and Skills

Describe community volunteer experiences you have had with other organizations. Include any officer positions (and approximate dates) you have held with such groups.

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

If currently employed, list your current employer and position or if retired or currently not working, list prior occupation.

Are you, or have you ever been, employed in the foods, nutrition, health or wellness industry? If yes, briefly explain. _____

Other Information

Do you have a health or medical condition that we need to accommodate for training? ____
If so, please explain required accommodations. _____

Reference: Please list a non-family reference that has knowledge of your skills, abilities and qualifications.

Name _____

Relationship _____ Phone _____

Acknowledgement

If accepted as a member of the 2012 NCC Master Foods Educator training class and upon completion of the course of study, I agree to volunteer 35 hours and to gain an additional 5 hours of advanced training by December 31, 2012, in advancing the goals of foods, nutrition and health sciences education for the citizens of New Castle County. All volunteer hours must be completed in Delaware.

I understand that I am expected to attend all of the training sessions held Tuesdays and Thursdays, 9:30 a.m. to 12:30 p.m., January 31 to March 8, 2012. I also understand that a \$125 training fee will be payable by Friday January 20 if I am accepted into the training class AND will not be volunteering.

I authorize the Extension office to contact my listed reference. I understand that a criminal background check may be completed prior to graduation from the training program. I understand that I serve at the satisfaction of University of Delaware Cooperative Extension and agree to abide by the policies of the University of Delaware, Delaware Cooperative Extension, and the New Castle County Master Foods Educator Program.

Signed: _____ Date: _____

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