



Cooking Matters offers a variety of curricula, each addressing the nutritional needs of a different group. **Choose below which group you prefer to teach (you may choose more than one):**

- Children (3rd to 5th grade)
 Teens
 Adults
 Children & parents together
 Adults living with HIV/AIDS
 Teen Parents
 Child Care Providers
 Parents of children in preschool

Availability

Please indicate the times you are available to volunteer for Cooking Matters courses:	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/> 9am-12noon	<input type="checkbox"/> 9am-12noon	<input type="checkbox"/> 9am-12noon	<input type="checkbox"/> 9am-12noon	<input type="checkbox"/> 9am-12noon
	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 12noon-3pm	<input type="checkbox"/> 12noon-3pm
	<input type="checkbox"/> 3pm-5pm	<input type="checkbox"/> 3pm-5pm	<input type="checkbox"/> 3pm-5pm	<input type="checkbox"/> 3pm-5pm	<input type="checkbox"/> 3pm-5pm
	<input type="checkbox"/> 5pm-9pm	<input type="checkbox"/> 5pm-9pm	<input type="checkbox"/> 5pm-9pm	<input type="checkbox"/> 5pm-9pm	<input type="checkbox"/> 5pm-9pm

Please be advised that certain sites require a background check on all personnel. Foodlink staff will notify you at the time that you are asked to volunteer at a particular site if that site requires a background check.

Have you ever been arrested or convicted of a crime? No Yes

If yes, please explain below (an affirmative response will not automatically disqualify you from being considered):

Two Personal References

1) Name: _____ Relationship: _____
 Address: _____ Phone Numbers: _____

2) Name: _____ Relationship: _____
 Address: _____ Phone Numbers: _____

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and understand that any falsification or misrepresentation of facts will result in disqualification or dismissal.

Signature of Applicant

Date



FOODLINK STAFF USE ONLY

Notes:

Interviewer Comments:

Interview Date: _____

Background Check Performed? Yes No **Results:** _____

Approved by: _____ **Date** _____

Foodlink Staff

Trainings Completed

Training Focus	Date Completed	Notes
<i>CM Orientation</i>		
Cooking Matters for Adults		
Cooking Matters for Children		
Cooking Matters for Families		
Cooking Matters for Teens		
Cooking Matters for Child Care Professionals		
Extra for Diabetes		
Extra for Parents of Preschoolers		
Extra for Wellness		
Other:		
Other:		
Other:		