



Cooperative Extension

COLLEGE OF AGRICULTURE & NATURAL RESOURCES

MASTER FOOD EDUCATOR APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

(home)

(work)

(cell)

Email: _____

Birth Date (mm/dd/yyyy): _____

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 Degree
- _____ Bachelor's Degree
- _____ Master's Degree/Doctorate
- _____ Food, Nutrition or Health-related degrees, certifications, or training

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

List food, 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-food" 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 food, nutrition, health or wellness industry? If yes, briefly explain.

References: Please list non-family references that have knowledge of your skills, abilities and qualifications.

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Acknowledgement

If accepted as a member of the 2017 Master Food Educator training class and upon completion of the course of study, I agree to volunteer 35 hours and to gain an additional 5 hours advanced training (for a total of 40 hours) by April 30, 2018, in advancing the goals of food, nutrition and health sciences education for the citizens of Delaware. All volunteer hours must be completed in Delaware.

For New Castle County – I understand that I am expected to attend all of the training sessions held on Tuesdays and Thursdays, January 17 – February 16, 2017, and Wednesdays, January 18 & 25, 2017, 9:30 a.m. to 12:30 p.m. Snow dates will be February 8 & 15, 2017.

I understand that an \$80 training fee is to be submitted with the application by Wednesday, January 4, 2017. I also understand that a \$275 training fee will be payable by January 4, 2017, if I am accepted into the training class but DO NOT plan on volunteering.

For Sussex/Kent County - I understand that I am expected to attend all of the training sessions held on Tuesdays and Thursdays, March 21 to April 27, 2017, 9:30 a.m. to 12:30 p.m.

I understand that an \$80 training fee is to be submitted with the application by Tuesday, February 28, 2017, I also understand that a \$275 training fee will be payable by Tuesday, February 28, 2017, if I am accepted into the training class but DO NOT plan on volunteering.

I authorize the Extension office to contact my listed references. I understand and authorize that a criminal background check will 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 University of Delaware Master Food Educator Program.

Signed: _____ Date: _____

Mail registration form and check payable to **University of Delaware** to:

If you reside in New Castle County, send to: University of Delaware, New Castle County Cooperative Extension, Attention: Serena Conner, 461 Wyoming Rd., Suite 131, Newark, DE 19716

If you reside in Kent or Sussex County, send to: University of Delaware, Sussex County Cooperative Extension, Attention: Kim Lewis, 16483 County Seat Highway, Georgetown, DE 19947

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