

# Share Our Strength COOKING MATTERSTM

## Volunteer Application

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Birthdate |  |
| Address |  | Cell |  |
|  |  | Email |  |
| Employer/Affiliation |  | Blog |  |

Check the type of volunteer position you are applying for:

 Culinary Instructor Responsible for teaching the cooking, food safety, and budgeting portions of the class.

 Requires formal training or professional experience in the culinary field.

 Nutrition Instructor Responsible for teaching the nutrition and budgeting portions of the class.

 Requires formal training or professional experience in the nutrition field.

 Classroom Assistant Provides support for the Cooking MattersTM coordinator.

 Helps set up and clean up, packs participant grocery bags, and engages the participants in important

 conversations about the material being covered.

 Shopper Responsible for shopping for all of the food needed for the class using a provided gift card.

 Interpreter Provides language support for classes with non-English speaking participants.

 Volunteer Responsible for managing and facilitating all aspects of a Cooking MattersTM class

Class Manager Requires additional training.

 One-time Events Available for one-time cooking or nutrition demonstrations hosted by community partners.

 Other Occasional office help or assistance with special projects

Why do you want to get involved with Cooking MattersTM?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about Cooking MattersTM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your professional training and experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any teaching experience? No Yes : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you spent any time working with children or teens? No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List foreign languages that you speak fluently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooking MattersTM offers several curricula that are tailored to the needs of different participant groups.

Please select the group(s) you would like to work with:

 Children (ages 8 to 12) Teens (ages 12-18) Adults Families No Preference

 Adults Living with HIV/AIDS Adults Living with Diabetes Parents of Preschoolers

Please indicate the days and times that you are available to volunteer:

 Monday Tuesday Wednesday Thursday Friday Saturday

\_ 9 a.m.-11 a.m. \_ 9 a.m.-11 a.m. \_ 9 a.m.-11 a.m. \_ 9 a.m.-11 a.m. \_ 9 a.m.-11 a.m. \_ 9 a.m.-11 a.m.

\_ 10 a.m.-12 p.m. \_ 10 a.m.-12 p.m. \_ 10 a.m.-12 p.m. \_ 10 a.m.-12 p.m. \_ 10 a.m.-12 p.m. \_ 10 a.m.-12 p.m

\_ 11 a.m.-1 p.m. \_ 11 a.m.-1 p.m. \_ 11 a.m.-1 p.m. \_ 11 a.m.-1 p.m. \_ 11 a.m.-1 p.m. \_ 11 a.m.-1 p.m.

\_ 12 p.m.- 2 p.m. \_ 12 p.m.- 2 p.m. \_ 12 p.m.- 2 p.m. \_ 12 p.m.- 2 p.m. \_ 12 p.m.- 2 p.m. \_ 12 p.m.- 2 p.m.

\_ 1 p.m.- 3 p.m. \_ 1 p.m.- 3 p.m. \_ 1 p.m.- 3 p.m. \_ 1 p.m.- 3 p.m. \_ 1 p.m.- 3 p.m. \_ 1 p.m.- 3 p.m.

\_ 2 p.m.- 4 p.m. \_ 2 p.m.- 4 p.m. \_ 2 p.m.- 4 p.m. \_ 2 p.m.- 4 p.m. \_ 2 p.m.- 4 p.m. \_ 2 p.m.- 4 p.m.

\_ 3 p.m.- 5 p.m. \_ 3 p.m.- 5 p.m. \_ 3 p.m.- 5 p.m. \_ 3 p.m.- 5 p.m. \_ 3 p.m.- 5 p.m. \_ 3 p.m.- 5 p.m.

\_ 4 p.m.- 6 p.m. \_ 4 p.m.- 6 p.m. \_ 4 p.m.- 6 p.m. \_ 4 p.m.- 6 p.m. \_ 4 p.m.- 6 p.m. \_ 4 p.m.- 6 p.m.

\_ 5 p.m.- 7 p.m. \_ 5 p.m.- 7 p.m. \_ 5 p.m.- 7 p.m. \_ 5 p.m.- 7 p.m. \_ 5 p.m.- 7 p.m. \_ 5 p.m.- 7 p.m.

\_ 6 p.m.- 8 p.m. \_ 6 p.m.- 8 p.m. \_ 6 p.m.- 8 p.m. \_ 6 p.m.- 8 p.m. \_ 6 p.m.- 8 p.m. \_ 6 p.m.- 8 p.m.

Additional information about your availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References (Personal or Professional)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please be advised that due to the vulnerable populations we work with, we are required to complete a background check for all volunteers and personnel. The Internet Criminal History Access Tool (ICHAT) allows the search of public records contained in the Michigan Criminal History Record maintained by the Michigan State Police Criminal Justice Information Center. We also check the U.S. Department of Justice’s Sex Offender website and submit a Central Registry Clearance request through Michigan Department of Human Services.*

*The following information is required for us to complete these background checks:*

Middle Initial: \_\_\_\_\_\_

Gender: Female Male

Race: White Black American Indian Asian or Pacific Islander Unknown or Other

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

COOKING MATTERS STAFF USE ONLY

Date Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_