



**Due
February 24, 2012**

**Colorado
State**
University

Extension

**Master Food Safety Advisor
Application Form
2012**

1. Name _____

2. Mailing

Address _____

3. E-Mail _____

4. Phone Numbers _____

5. Person to Notify in Case of Emergency _____

Phone Number: _____

Cell Phone: _____

6. Why do you want to become a Master Food Safety Advisor?

7. Experience in preserving foods includes: (Circle the letter of all that apply.)

- | | |
|--|--|
| a) pressure canning vegetables | g) fermenting fruits or vegetables to make pickles |
| b) pressure canning meats | h) drying fruits, vegetables, or meats |
| c) water-bath canning fruits | i) making jams and/or jellies |
| d) freezing fruits | j) storing fruits or vegetables in a root cellar |
| e) freezing vegetables | k) pie fillings |
| f) fresh-pack pickling fruits and vegetables | l) other: _____ |

8. Circle the highest school grade completed:

High School Community College 4-Yr College Graduate College

List area(s) of study: _____

9. What sources of food safety and food preservation instructions, recipes, etc., are you presently using?

10. Other information pertinent to this position.

11. Character References: Please list two people who are familiar with your character. (Do not include family members.) Each will be contacted by phone or letter and asked to respond to a short questionnaire. All responses will be confidential.

_____	_____	_____
Name	Address/City/State/Zip	Phone
_____	_____	_____
Name	Address/City/State/Zip	Phone

If accepted into the Master Food Preserver Program, I am willing to: Please check

- ☐ Attend all training sessions of food safety and food preservation.
- ☐ Pass written exams.
- ☐ Complete at least 20 hours of volunteer service as a Master Food Safety Advisor.
- ☐ Be assessed a \$50.00 fee if 20 hours of volunteer service is not performed.
- ☐ Share only food safety and preservation information provided to me by Colorado State University Extension.
- ☐ Refer questions on which I have not received Colorado State University training or references to the county Extension Agent.
- ☐ Refer to myself as a Colorado State University Master Food Safety Advisor only after I have completed training and passed the written and oral exams. I will not wear my Master Food Safety Advisor name tag nor refer to myself as a CSU Master Food Safety Advisor when I am working for another agency or company. I will not imply Colorado State University Extension endorsement of any brand name product or any store.

I hereby release from liability any person that provides information concerning me to the representatives of CSU Extension of the Western Region. In signing this application, I affirm that the information I have given herein is true and correct.

I understand that Colorado State University conducts background checks on all volunteers. A criminal record will not necessarily bar me as a volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied.

Signature

Date

Completed application and training fee is due by February 24, 2012. The training fee is \$125.00 with a commitment of 20 hours of volunteer service. Interviews will be conducted in late February 2012. Training fee will be refunded if applicant is not accepted into the volunteer training program.

**Submit application to:
Glenda Wentworth
C/O Eagle County Extension
P.O. Box 239
Eagle CO 81631
(970) 328-8630**

glenda.wentworth@eaglecounty.us

If you would not mind your picture being used in reports to County Commissioners or used in explaining the Master Food Safety & Preservation Advisor Program to others, please sign the photo release form below.

PHOTOGRAPHY CONSENT FORM/MODEL RELEASE

I, (PRINT NAME)_____, hereby grant permission to Colorado State University Extension, its employees or representatives, to take and use: (check all that apply)

_____ photographs
_____ videotape
_____ digital images

of me for use in promotional or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Colorado State University Extension.

Date_____

Signature_____

Address_____

City/State/Zip_____