



## Master Food Safety Advisor Program Application Form

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_

4. Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

5. Person to Notify in Case of Emergency: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

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\_\_\_\_\_

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\_\_\_\_\_

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

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| 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 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

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

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10. Please list dates and/or times that you would be unavailable for training in March-April, 2009.

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11. Please list dates and/or times that you would be unavailable for volunteer service in May-October, 2009.

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12. Other information pertinent to this position:

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13. Character Reference: 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.

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Name	Complete Address	Phone
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Name	Complete Address	Phone
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If accepted into the Master Food Safety Advisor Program, I am willing to:  
(Please check.)

- Attend training sessions of food preservation for at least 30 hours.
- Pass written exams.
- Complete at least 35 hours of volunteer service as a Master Food Safety Advisor.
- Share only food safety and preservation information provided to me by Colorado State University Extension.

If accepted into the Master Food Safety Advisor Program, I am willing to:  
(Please check.)

- 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 Preserver when I am working for another agency.
- 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 Pueblo County. In signing this application, I affirm that the information I have given herein is true and correct.

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Signature

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Date



If you need any special accommodation(s) to participate in this event, please contact Colorado State University Extension at 719-583-6566. Your request must be submitted at least five (5) business days in advance of the event. Colorado State University, U.S. Department of Agriculture and Pueblo County cooperating. Extension programs are available to all without discrimination.

