



Master Food Safety and Preservation Advisor Application Form

1. Name _____

2. Address _____

3. E-Mail Address _____

4. Telephone (H) _____ (W) _____

5. Person to Notify in Case of Emergency _____
Work Phone _____ Home Phone _____

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

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

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

8. Circle the highest school grade completed:

High School Community College 4-Yr College Graduate College

List area(s) of study: _____

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

8. Times you already know that you would be unavailable for training or service from May 5th through October 31 (e.g. job, vacation, etc.) _____

9. Other information pertinent to this position. _____

10. 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	Phone
Name	Address	Phone

If accepted into the Master Food Preserver 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 & Preservation Advisor.
- Share only food safety and preservation information provided to me by Colorado State University Cooperative 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 & Preservation Advisor only after I have completed training and passed the written and oral exams. I will not wear my Master Food Safety & Preservation name tag nor refer to myself as a CSU Master Food Preserver 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 Cooperative Extension of El Paso County. In signing this application, I affirm that the information I have given herein is true and correct.

Signature

Date

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 Cooperative 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 Cooperative Extension.

Date _____

Signature _____

Address _____

City/State/Zip _____