

FOOD SAFETY ADVISOR

University of Idaho

APPLICATION FORM

1. Name _____

2. Address _____ Zip _____

3. Telephone Day _____ Evening _____

4. Name of individual to notify in case of emergency _____

_____ Phone _____

5. Date of birth optional _____

6. What previous experience have you had working with people? (For pay, volunteer, group or group affiliations, professional association or church)

7. Previous experience in food preservation (circle all that apply)

a. Canning Fruits

g. Making Fruit Leather

b. Pressure Canning Vegetables

h. Drying Fruits

c. Pressure Canning Meats, Fish & Poultry

i. Drying Vegetables

j. Drying & Smoking Meats & Fish

d. Freezing Fruits

k. Making Jams & Jellies

e. Freezing Vegetables

l. Pickling Fruits & Vegetables

f. Freezer Jams

8. Related hobbies and areas of special interest in food preservation

9. Previous training you have received in food preservation (list what, where and when) _____

10. Highest year in school completed (circle one)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 >18

11. What sources of food preservation information are you presently using?
(recipes, books) _____

12. What times between April and October would you NOT be available for
training or volunteer service? (Example- vacation, work, special events, etc.)

13. Why do you want to be a Food Safety Advisor? _____

14. Other information pertinent to this position _____

15. Lists two personal references with name, address and phone number whom
we may contact.

As a volunteer for the University of Idaho, I am willing to:

1. Attend training sessions on food preservation for 30 hours.
2. Pass written and oral exams.
3. Contribute a minimum of 30 hours of public service with the University of Idaho Cooperative Extension as a Food Safety Advisor during _____

Return educational materials if I do not complete the training.

The class fee covers materials and food supplies. The Food Safety Advisor upon completion of training may keep materials provided during Master Food Preserver Class.

4. Share only food preservation information provided to me by the University of Idaho Cooperative Extension.
5. Refer questions to the Extension Educator on which I have not received University of Idaho training or references.
6. Refer to myself as a University of Idaho Food Safety Advisor only after I have completed training and passed the written and oral exams. I will wear my FSA badge and refer to myself as a University of Idaho Food Safety Advisor *only* when I am representing the University of Idaho. I will not imply the University of Idaho Cooperative Extension endorsement of any brand-name product or any store.
7. Provide my own transportation to and from the county Extension office or other Extension programs.
8. Help evaluate the program at the end of the food preservation season.
9. Be responsible to the Extension Educator and cooperate with the University of Idaho Cooperative Extension policies and procedures.

Signature

Date

Return to: Alexis Woodbury
University of Idaho Ada County Extension
5880 Glenwood Ave.
Boise, Idaho 83714