

Nutritional Cooking Leadership Program Application

Date: _____ Course Date: _____
 First Name: _____ Last Name: _____
 Phone Number: _____ Cell Phone: _____
 Email Address: _____

What is the best way to contact you?
 Phone Cell Phone Text Email Other

Address: _____
 City: _____ Province: SK Postal Code: _____

Are you currently a Regina Food Bank client? YES NO

Additional **optional** information:

Age: 15-18 19-29 30-40 41-51 55+

Gender: Male Female Transgender

Where were you born? Canada Outside of Canada: _____

Ancestry: Metis First Nations Aboriginal Canadian Other_____

Employment Status:
 Employed FT Employed PT Unemployed Unemployed Other
 Looking for work

Who do you cook for:
 myself / adults seniors Children 0-5 Children 6-12 Youth

To support you better:
 I do not have a diagnosed disability I have a diagnosed disability:
 Please describe your disability needs so that we may help make accommodations: _____

Please rate your level of confidence in the kitchen:

	← Lowest					Highest →
	0	1	2	3	4	5
I feel confident cooking from basic ingredients.						
I feel confident following a simple recipe.						
I feel confident tasting foods that I have not eaten before.						
I feel confident preparing and cooking new foods and recipes.						

Why are you interested in taking the Nutritional Cooking Leadership Program?

What skills or knowledge is most important for you to learn?

Do you have any allergies or dietary restrictions that we should be aware of? Yes No
 Please describe: _____

Do you require transportation assistance? (bus pass or taxi voucher) Yes No

Please submit your completed application to **Sara** at the Regina Food Bank.
 Email: saram@reginafoodbank.ca Fax: 306-347-0884 or in person.

