



Rhode Island Community Food Bank 200 Niantic Avenue Providence, RI 02907 ckapps@rifoodbank.org FAX: 401-230-1721	For Office Use Only Received Date: _____ Entered in DB: _____ Reviewed: _____ Interview Sched: _____
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Name _____

Phone (Home) _____ (Cell) _____
 Preferred Phone Contact: Home Cell

Address _____

City _____ State _____ Zip _____

E-mail _____

Emergency Contact (Name & Phone) _____

1. How did you hear about the Community Kitchen program?

- Flyer/Library
- Media
- Alumni
- Craig's List
- Other _____
- Agency Referral
- Agency Name: _____

2. Have you ever been enrolled in a culinary arts program before? Yes No

If Yes, name of program(s): _____
 Dates: _____

3. The Community Kitchen program is 14 weeks long and **requires** attendance from 9:00 A.M to 4:00 P.M., Monday through Friday, daily. Is there any reason or circumstance which might prevent you from adhering to this schedule?

- Yes No

4. Are you currently employed? Yes No

If Yes, where? _____

5. Do you feel you are able to support yourself financially during the training? Yes No

Please explain: _____

6. Do you have a high school diploma or GED? Yes No

If No to both, are you willing to take an educational assessment? Yes No

7. Are you able to lift 50 lbs and stand on your feet for 8 hours? Yes No

If no, please explain: _____

8. Have you been clean and sober for at least one year? Yes No

9. Do you have documentation of legal right to be employed in the U.S.? Yes No

10. Are you considering any other education or training programs? Yes No

If yes, please list: _____

11. Are you able and available to work full time? Yes No

If no, please explain: _____

As part of admission process to the program, we require the following items:

Documentation of Identity, Age, & Eligibility to work	Program Participation Requirements
<ul style="list-style-type: none">• U.S. Passport OR Permanent Resident Card <p>OR</p> <ul style="list-style-type: none">• Driver's License OR Government ID PLUS• Social Security Card OR Birth Certificate	<ol style="list-style-type: none">1. Notarized BCI (Background Criminal Investigation) dated <u>within 3 months of the class start date</u>. This is available for \$5 (check or money order) from: Office of the Attorney General, 150 South Main Street, Providence, RI 029032. Health Insurance card3. Proof of completion of high school or GED, or college coursework. <i>If documents are not available, an educational assessment test will be administered.</i>

12. Would you have any difficulty obtaining the items above? Yes No

If Yes, please explain _____

I certify that all information I have provided in order to apply for entrance into the Rhode Island Community Food Bank's Community Kitchen Program is true, complete and correct. I understand that any information provided by me, that is found to be false, incomplete or misrepresented in any respect will be sufficient in ending consideration of this application whenever it is discovered.

Signature of Applicant

Date