

Name:

Date Completed:



# Food for Life Nutrition & Cooking Classes

## INSTRUCTOR APPLICATION FORM

*It is your responsibility to notify us should any of the information requested below change or need to be updated. You can download a new form at [www.CancerProject.org](http://www.CancerProject.org). Thank you for your cooperation in this regard.*

### REQUIREMENTS

Each class in the 8-session series requires a total of 5 to 6 hours for shopping, food preparation, conducting the 2-hour class, and clean up. Can you make such a time commitment?

Do you have a car?

Do you have an e-mail address and access to the Internet?

If accepted as an instructor, you will be required to attend a 2-day expense-paid training in Washington, DC

Can you commit to attend this training?

In order to be considered, this application must be returned with a short video (5 or more minutes) of yourself doing a cooking demonstration. The video can be homemade and can be a staged cooking class attended by family and friends. The video must be VHS or CD/DVD format. Again, your video must be mailed along with this application in order to be considered.

### CONTACT INFORMATION

Name

FIRST

MIDDLE INITIAL

LAST

ANY OTHER NAME(S) KNOWN BY

Address

STREET ADDRESS

CITY

STATE

ZIP CODE

Telephone number(s)

HOME

MOBILE

OTHER

E-mail address (required)

### EXPRESSION OF INTEREST

Have you previously applied to be a cooking instructor with The Cancer Project? If so, provide all pertinent details.

Please describe, concisely, why you are interested in teaching The Cancer Project's Food for Life cooking class series.

## NUTRITION/COOKING BACKGROUND

Please note any nutrition or health-related degrees, certifications, professional designations, licenses, etc. (see examples below) along with the name of the issuing entity, the state/jurisdiction of issuance, the date the license/certification was first obtained, and any identification numbers or expiration dates.

RD?

Nurse Professional?

MD?

DO?

Other? Please identify:

Please describe any additional/other nutrition-related experience.

Please describe your cooking experience.

The nutrition information and foods provided in the Food for Life series are of plant origin (whole grains, legumes, vegetables, and fruit). Please describe your opinion of a low-fat diet that does not include animal products as it relates to health.

Please describe your own diet and food preparation methods.

**CURRENT EMPLOYMENT**

Do not exclude any employment. Include temporary and/or U.S. Military service.

Name of employer: \_\_\_\_\_ Employed since: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Supervisor's or Human Resources' phone number: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Name of employer: \_\_\_\_\_ Employed since: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Supervisor's or Human Resources' phone number: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

**PROFESSIONAL BACKGROUND**

Have you ever been terminated from or resigned from a clinical or professional training program? If so, provide all pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever withdrawn or had rejected an application to practice your profession? If so, provide all pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your professional license ever been suspended or revoked? If so, provide all pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever voluntarily surrendered a license or privileges after formal charges have been filed against you or while under investigation? If so, provide all pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been party to a malpractice action or had a malpractice action brought against you? If so, provide all pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from employment due to practice issues? If so, provide all pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

**AUTHORIZATIONS**

Are you over the age of 18? (If no, you may be required to provide authorization to work.)  Yes  No

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required.)  Yes  No

Have you been convicted of a crime other than a minor traffic offense?  Yes  No

If yes, list convictions that are a matter of public record (Arrests are not convictions. A conviction will not necessarily disqualify you. Rather, such factors as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if contracted, falsified statements on this form shall be grounds for termination of the contractual relationship. I authorize investigation of all statements contained herein and release all parties from all liability for any and all damage that may result from utilization of such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION INSTRUCTIONS**

Please return this application along with a copy of your résumé and your video clip to:

The Cancer Project  
RE: Cooking Instructor Application  
Educational Programs Department  
5100 Wisconsin Avenue, NW Suite 400  
Washington, DC 20016

For questions, please contact The Cancer Project at:

Phone: (202) 686-2210  
E-mail: [cook@CancerProject.org](mailto:cook@CancerProject.org)