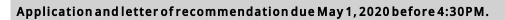
2020 Master Food Preserver Application





1.	I understand that I hours of approved Note: Participants	I must attend at least I volunteer work to be not willing/able to cor	8 of the 10 session come certified as mplete 20 hours o	nsion Master Food Preserver V ons and complete a minimum a Master Food Preserver. of volunteer service within a 12 Food Preserver Program.	of 20
	Yes				
	No				
2.	regulations and re-	commendations of the	e University of Ma	erver trainee, I will abide by al aine Cooperative Extension. I u teer of the University of Maine	understand
	Yes				
	No				
3.	Personal Informat	ion:			
	Name:				
	Address:				
	City/Town:			-	
	State:		l		
	ZIP:				
	Email Address:				
	Phone Number:			1	
4.	How did you learn	about UMaine Extens	sion's Master Food	d Preserver program?	

5.	Have	e you ever applied for UMaine Extension's Master Food Preserver training?
		Yes
		No
	If ye	s, what year?
		many years of food preservation experience do you have?
7.	Are y	ou knowledgeable in the following food preservation methods? Please check any that apply.
	Pre	essure canning
	Dry	ying
	Fre	eezing
	Во	iling water bath canning
	Wi	nter storage techniques
	Fer	rmentation
Otl	ner (p	lease specify)



8. Briefly list any food p	reservation training you have received (formal o	or informal).
Example: I took a f	ood preservation course through adult education.	
9. Are you affiliated with	any gardening or food-related groups?	
Yes		
O No		
If yes, (please specify)		
	become a UMaine ExtensionMaster Food Prese this question and respond accordingly.)	erver Volunteer?



12. What type(s) of volunteer work have you done? Briefly describe your history as a volunteer. Volunteer Type (example: Food Co-op Volunteer) Frequency (example: 2 hrs. week) Estimated Dates (example: Jan. 2000- present)
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Volunteer Type
Frequency
Estimated Dates



13. Additional Volunteer Work

Volunteer Type	
Fraguency	
Frequency	
Estimated Dates	
14. Additional Voluntee	r Work
14. Additional voluntee	T VVOIR
Volunteer Type	
71	
ı	
Frequency	
Estimated Dates	

15. Additional Volunteer Work		
Volunteer Type		
Frequency		
Estimated Dates		
16. Please explain any experience you have with the following skills:		
Working with c	dren	
Working with disabled	eople	
Working with elderly	eople	
Program P	ining	

Teaching	
Culinary arts	
17. What food preservatio	on topics are you hoping to learn in this training?
18 My required letter of	reference has been emailed or mailed to Becky Gray, rebecca.gray@maine.edu
Yes	
No	
Additional comments:	

or

Email to: rebecca.gray@maine.edu Subject line: MFP 2020 [Your name] Mail to: ATTN: Becky Gray
UMaine Extension
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