



# CHEF'S TRAINING PROGRAM APPLICATION

(PLEASE PRINT)

DATE \_\_\_\_\_ CLASS START DATE \_\_\_\_\_

NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

STREET ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME TELEPHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY \_\_\_\_\_

HOME TELEPHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

## PERSONAL EXPERIENCE

WHAT RAW FOOD CLASSES HAVE YOU TAKEN? (What kind, Where and with whom)

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DO YOU PREPARE RAW OR COOKED FOOD AT HOME? \_\_\_ YES, PLEASE DESCRIBE \_\_\_ NO

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WHY DO YOU WISH TO TAKE HIS PROGRAM?

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WHAT ARE YOUR GOALS?

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**WORK EXPERIENCE—IF YOU HAVE WORKED IN THE FOOD SERVICE INDUSTRY, PLEASE COMPLETE THE FOLLOWING:**

COMPANY	DATES OF EMPLOYMENT	POSITION HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CONSENT AND RELEASE**

I hereby consent that Sivananda Yoga Camp and its agents, employees, successors and assigns may, for advertising or trade purposes, use any photograph, film, videotape or audio recording taken or recorded of me, either alone or in conjunction with photographs, films, videotapes or audio recordings of other persons, objects or materials. This consent includes the right to make alterations to and retouch photographs, films and recordings.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**INTERVIEWER SIGNATURE**

\_\_\_\_\_  
**STUDENT PRINT NAME**

\_\_\_\_\_  
**INTERVIEWER PRINT NAME**