



**Due  
February 24, 2012**

**Colorado  
State  
University**

**Extension**

**Master Food Safety Advisor  
Application Form  
2012**

1. Name \_\_\_\_\_

2. Mailing  
Address \_\_\_\_\_  
\_\_\_\_\_

3. E-Mail \_\_\_\_\_

4. Phone Numbers \_\_\_\_\_

5. Person to Notify in Case of Emergency \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

6. Why do you want to become a Master Food Safety Advisor?

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



**If accepted into the Master Food Preserver Program, I am willing to: Please check**

- Attend all training sessions of food safety and food preservation.
- Pass written exams.
- Complete at least 20 hours of volunteer service as a Master Food Safety Advisor.
- Be assessed a \$50.00 fee if 20 hours of volunteer service is not performed.
- Share only food safety and preservation information provided to me by Colorado State University Extension.
- Refer questions on which I have not received Colorado State University training or references to the county Extension Agent.
- Refer to myself as a Colorado State University Master Food Safety Advisor only after I have completed training and passed the written and oral exams. I will not wear my Master Food Safety Advisor name tag nor refer to myself as a CSU Master Food Safety Advisor when I am working for another agency or company. I will not imply Colorado State University Extension endorsement of any brand name product or any store.

I hereby release from liability any person that provides information concerning me to the representatives of CSU Extension of the Western Region. In signing this application, I affirm that the information I have given herein is true and correct.

I understand that Colorado State University conducts background checks on all volunteers. A criminal record will not necessarily bar me as a volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied.

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Signature

Date

**Completed application and training fee is due by February 24, 2012. The training fee is \$125.00 with a commitment of 20 hours of volunteer service. Interviews will be conducted in late February 2012. Training fee will be refunded if applicant is not accepted into the volunteer training program.**

**Submit application to:  
Glenda Wentworth  
C/O Eagle County Extension  
P.O. Box 239  
Eagle CO 81631  
(970) 328-8630**

**[glenda.wentworth@eaglecounty.us](mailto:glenda.wentworth@eaglecounty.us)**

If you would not mind your picture being used in reports to County Commissioners or used in explaining the Master Food Safety & Preservation Advisor Program to others, please sign the photo release form below.

## PHOTOGRAPHY CONSENT FORM/MODEL RELEASE

I, (PRINT NAME) \_\_\_\_\_, hereby grant permission to Colorado State University Extension, its employees or representatives, to take and use: (check all that apply)

- photographs
- videotape
- digital images

of me for use in promotional or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Colorado State University Extension.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_