

2019 San Joaquin County Volunteer Application Form

Volunteer training will be held on Mondays from August 12 to October 28, 2019 (ex. Labor Day).

Classes will start at 8:30 AM and finish at 1:30 PM

THIS TRAINING IS FOR RESIDENTS OF SAN JOAQUIN COUNTY ONLY.

To extend research based knowledge and information on home food preserving practices to the residents of California and be guided by our core values and strategic initiatives.

UCCE Master Food Preserver Program Mission Statement

Instructions

***Please complete all pages of this application.***

If you wish to fill out this form by hand, simply print it and write in your information.

If you wish to complete this form electronically, you may type information into the gray fields and click on the check boxes to indicate your choices. Once the form is filled out, please print it and complete the Statements and Terms of Acceptance section and the Disclaimers section by hand.

You may either mail in the hard copy application, or scan and email it to our office. See the section entitled How To Return This Application at the end of this form.

***Applications must be received (or postmarked, if sent by US Mail) by 5 PM, Tuesday July 23, 2019.***

A resume or cover letter may be attached to this form; please do not attach any other supplemental material. The application and attachments will not be returned.

***Attend the Orientation Meeting***

Monday, July 22nd at 9:00 AM

at the Robert J. Cabral Agricultural Center

2101 E. Earhart Ave., Stockton, CA

***Appear for an interview***

Interviews will be scheduled at the orientation meeting and held on July 29, 2019 at the Cabral Ag Center between 8:30 a.m. and noon.

Personal Information

Full Name

*Last, First, Middle Initial*

Preferred Name

*First and Last*

Home Address

*Number and Street, City, State, Zip*

Phone Numbers

*(Circle Type) Home, Cell, Work Home, Cell, Work*

E-mail Address

*(Required)*

Best Contact Method and Time

Emergency Contact

Relationship

Race/Ethnicity

*(Optional)*

Current Employment Status

*(Double-click on check boxes and use the resulting menu to either check or uncheck.)*

Full Time  Retired/Unemployed

Part Time (hours/week: )  Seeking Employment

Do you have employment (including former employment) or education related to food preservation? Please explain:

Volunteer and Other Experience and Interests

Please describe your volunteer experience within the past five years in the community.

Clubs, organizations, and other community-related affiliations AND your role in these groups:

When are you available to volunteer? (Check all that apply)

Weekday mornings  Sunday mornings

Weekday afternoons  Sunday afternoons

Saturday mornings  Flexible schedule

Saturday afternoons

Food Preservation Skills

Have you had any previous food preservation or food preparation training, including but not limited to food safety certifications? If so, when, where, and what subjects?

Experience in Food Preservation, if any:

Canning fruits and vegetables  Drying fruits / fruit leathers

Pressure canning vegetables  Drying vegetables

Pressure canning meats, fish, and poultry  Drying/smoking meats and fish

Freezing fruits and vegetables  Freezing fruits and vegetables

Pickling fruits and vegetables  Making cooked jams and jellies

Pickling fish  Making freezer jams

What level of food preserver do you consider yourself?

Beginning  Intermediate  Experienced

Other Information

What teaching/communication experience do you have?

List any languages, other than English, you speak and/or write fluently.

How did you hear about the UCCE Master Food Preserver Program?

Newspaper:

Master Food Preserver Newsletter

Current or past UCCE Master Food Preserver:

Farmers’ market:

UCCE Master Food Preserver Workshop:

Other:

Have you ever applied to another Master Food Preserver Program?

Yes  No

If yes, in what state and county?

Why do you want to be a Master Food Preserver volunteer?

*Please review the following UCCE Master Food Preserver Program requirements and policies and indicate your acceptance of each by initialing the appropriate boxes*.

Statements and Terms of Acceptance

***I understand that, if accepted into the UCCE Northern San Joaquin Master Food Preserver Training Program, I:***

Live in San Joaquin County.

Will pay a non-refundable training fee of $200.00, which includes class training materials, textbooks, and supplies.

Will submit to and pay for background screening and fingerprinting with a local law enforcement agency upon acceptance into the training program. (Fingerprinting applications will be sent with program acceptance forms. Costs range from approximately $25 to $50.)

***I understand that I will become a certified UCCE Master Food Preserver only after I:***

Attend all mandatory training sessions, which will be held beginning August 12, 2019.

Complete and submit all homework assignments and quizzes, and complete the final examination with a score of 80 percent or better.

I understand that only one class can be missed and it must be made up. **The Food Safety class cannot be missed and cannot be made up.**

Agree to follow University of California policies and procedures while acting as a UCCE San Joaquin County Master Food Preserver.

***I understand that I must do the following in order to maintain my***

***UCCE Master Food Preserver certification:***

Prior to the end of the first full fiscal year (June 30, 2021): Complete and record a minimum of fifty (50) hours of University of California Cooperative Extension (UCCE) sponsored volunteer service within San Joaquin County.

During subsequent fiscal years: Complete a minimum of twenty-five (25) hours of UCCE sponsored volunteer service and earn twelve (12) hours of continuing education credit through approved educations programs.

I agree to post my volunteer and continuing education hours on the online Master Food Preserver Volunteer Management System (VMS) in a timely manner.

I will attend monthly meetings beginning November 2019.

I will read and agree to adhere to the Master Food Preserver Code of Conduct.

I will not use the Master Food Preserver volunteer title for commercial purpose or monetary gain.

How To Return This Application

**Hard copy by US Mail:**

Master Food Preserver Program, UC Cooperative Extension

ATTENTION: Bill Loyko

2101 E. Earhart Avenue, Suite 200

Stockton, CA 95206

**Electronically:**

Complete this form, scan it, save it in your name (First\_Last.pdf), and email it to nsjmfpcoord@ucanr.edu.

***Applications must be received or postmarked by July 23, 2019.***

Disclaimers

*In compliance with the California Information Practices Act of 1977, the following information is provided: The information on this form is being requested by the University of California Cooperative Extension for use in the Master Food Preserver Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE county director, the Master Food Preserver Advisor or County Program Coordinator or the statewide Academic Coordinator for the Master Food Preserver Program at: Missy Gable-Statewide Master Food Preserver Program, University of California, 2801 Second Street, Davis, CA 95618.*

*Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with Title IX of the Education Amendments of 1972. Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal Affirmative Action Program Report. Statistical information includes sex, ethnic information and residence location. Submission of the above noted information is voluntary and if the information is not submitted by the source, the county master food preserver staff may use his or her judgment to complete the information and satisfy federal reporting requirements. Other personal information on this form is being collected to provide the County Extension Master Food Preserver staff with information to assist in program planning. This information consists of name, address, phone and email in addition to your skill set assessment.*

*The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. Inquires regarding the University’s non-discrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California Agriculture and Natural Resources, 1111 Franklin St. 6th floor, Oakland, CA 94607-5200, phone: (510) 987-0097*

*University policy is intended to be consistent with the provisions of applicable state and federal laws*

Signature Date

Official Use Only

Date application received:

Interview held:

Interviewers:

Status of Acceptance into Program: