

**Thank you for your interest in Friendship House’s Hunger to Hope Program! Filling out this application is the first step in continuing your education and gaining valuable food service and employment skills. You should be proud!**

**Friendship House looks forward to working with you and supporting you on your journey towards employment and self-sufficiency. In order to best understand each of our applicants and their unique situations, we ask everyone to please complete this packet to the best of their ability. If you are unclear about a question or an appropriate response, please talk with Chef Tom or Jerry in the Café and they will be more than happy to review it with you.**

**Congratulations on taking this first step!**

**All details on this application will be kept confidential and will not be shared.**

**1) GENERAL INFORMATION**

 Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Telephone: Cell: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ Alternate: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_ No \_\_\_\_

If no, are you legally entitled to work in the United States? Yes \_\_\_\_ No \_\_\_\_

**2) Health History**

Do you have a disability that substantially limits your employment activities? Yes \_\_\_ No\_\_\_ (Mental Illness, Physical Disability, Substance Abuse, Developmental or Learning Disability)

Explain Briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3) Legal History**

**Please note: Disclosing your legal history does not necessarily affect your eligibility or acceptance into Hunger to Hope.**

Do you have any warrants, upcoming court dates or legal problems? Yes \_\_\_ No\_\_\_

 If **yes**, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you on probation or parole? Yes \_\_\_ No\_\_\_**

If yes, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How often/What time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Telephone \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_

**4) Employment History**

Please list your work experience in the following charts. Start with the last job you held. If you were self-employed, give firm name. If you do not remember exact dates/details, please estimate as close as possible.

Give **details** of any food service experience you have had, including any experience while incarcerated, commercial food service experience, fast food, odd jobs, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give an example of a stressful situation you have been in. How did you handle it?

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| Name of Employer:City, State, Zip:Phone No: | Supervisor’s Name: | Employment dates:From: To: | Pay or salary:Start: Final: |

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| Your last job title: |
| Reason for leaving (be specific) |
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|  |
| List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company |
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| --- | --- | --- | --- |
| Name of Employer:City, State, Zip:Phone No: | Supervisor’s Name: | Employment dates:From: To: | Pay or salary:Start: Final: |

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| Your last job title: |
| Reason for leaving (be specific) |
|  |
|  |
| List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company |
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**5) GOALS/EXPECTATIONS**

Why are you applying to this training program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What are your career goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you hope to get out of this program, and why is it important to you to get in?

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PHOTO RELEASE

I give my permission for my photo to be taken by Friendship House staff to be included in the organization’s archive. These photos may be included in grant proposals and reports, public presentations, our websites and Facebook pages, shared with the Board of Directors, or included in our newsletter. On rare occasion, the local newspaper requests photos from Friendship House.

I understand and accept these terms. I give my permission to take and use my photo in the ways mentioned above.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name Date

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

Signature

* Yes, I give my permission for you to take and print a photo of my child. First name only:

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

**6) Program Requirements**

Listed below are some of the Training Program requirements.

Please initial after each one if you agree to them.

* I understand that daily attendance is required. \_\_\_\_\_\_\_
* I understand that I am required to remain drug and alcohol free. \_\_\_\_\_\_\_
* I understand that I must be on time and prepared to stay the entire day. \_\_\_\_\_\_\_
* I understand that Hunger to Hope operates out of the Friendship House Café, which runs a daily meal service for hungry individuals and families in Skagit County. I understand that feeding the homeless population is a part of this program and is required of me. \_\_\_\_\_\_\_\_
* I understand that I must be willing to accept instruction and criticism from my instructors, supervisors and complete the work that is assigned to me with a positive attitude. \_\_\_\_\_\_\_
* I understand that I must have a willingness to confront my personal challenges and/or barriers. \_\_\_\_\_\_\_
* I understand that Friendship House is not responsible for damage, loss or theft of my personal property. \_\_\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Friendship House permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Friendship House from any liability as a result of such contract.

 I also understand that:

(1) Friendship House has a drug and alcohol policy that provides for random and causal testing before and/or during the program;

(2) I consent to and am in compliance with such policy at the time of my enrollment; and

(3) My continued enrollment is based on the successful passing of testing under such policy.

(4) I further understand that continued enrollment may be based on the successful passing of job-related physical examinations.

**Applicant / Student Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Culinary Job Training Staff’s Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

WAIVER OF LIABILITY AND HOLD HARMLESSS AGREEMENT FOR ACCESS TO THE FRIENDSHIPH HOUSE CAFE LOCATED AT 108 SNOQUALMIE STREET, MOUNT VERNON, WASHINGTON

1. I agree to hold harmless Friendship House, Hunger to Hope, and their officers, agents, representatives, volunteers, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while gaining access to the Friendship House Café.

2. I am fully aware of the usual risks involved and hazards connected with a commercial kitchen, including but not limited to physical injury. I hereby acknowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my access to the commercial kitchen, whether caused by negligence of releasees or otherwise.

4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family, my guests and invitees, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a release waver, and discharge of the above-named releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Washington.

5. In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and will; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. Those persons under 18 years of age must have a parent or guardian also sign the foregoing written agreement for full, adequate and complete consideration fully intending to be bound by the same on said minors behalf.

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

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