



2009
MASTER FOOD PRESERVER
Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: Home _____ Work _____

e-mail: _____

Application Category:

[] New Volunteer:
Please complete remaining registration form.

[] Veteran (Active in program in 2008):
Proceed to last page and sign the Master Food Preserver Agreement.

Why do you want to be a Master Food Preserver?

Five horizontal lines for writing the answer to the question.

Years of experience in preserving foods _____

Experience in preserving foods include: (Circle the letter of all that apply)

- a) freezing fruits
- b) freezing vegetables
- c) drying fruits, vegetables, or meats
- d) making jams or jellies
- e) water-bath canning fruits or tomatoes
- f) pickling fruits or vegetables
- g) pressure canning vegetables
- h) pressure canning meats, fish, or poultry

Circle the highest grade completed:

8th grade	high school	community college	4-year college	graduate school
---------------------------------	------------------------	------------------------------	---------------------------	----------------------------

Have you had any out-of-the-ordinary food preservation experiences?

(Please circle one answer) yes no

If yes, please describe _____

What sources of food preservation instructions/recipes are you presently using?

What others have you used in the past? _____

What kind of experiences have you had working with people (for pay, volunteer, club, church) _____

Master Food Preserver Agreement

As a participant in the Master Food Preserver Program, I am willing to: (Please ✓)

- Attend all training sessions for the Master Food Preserver Program.
Volunteers will be dropped from the program after two absences.
- Share only USDA research based food preservation information taught to me by the Washington State University Extension Agent.
- Refer questions on which I have not received training, or am unsure of, to the Washington State University Extension Agent.
- Commit to at least 50 hours of volunteer service as a Master Food Preserver during the calendar year.
- Complete final exam with a score of 85 percent or better.
- Avoid endorsement of any brand name product or any store.
- Recognize that Extension programs are available to all without discrimination.
- Refer to myself as a Washington State University Master Food Preserver only after I have completed training, passed the written and oral exams, and only in the year certified. I will not wear my Master Food Preserver name tag nor refer to myself as WSU Master Food Preserver when I am working for another agency or company.

I understand that if I do not complete the program, or am dropped from the program, I will not be refunded the course registration fee.

Signature

Date