Request for Community Food Advisor Service

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Today’s Date | | Contact Person | | | | | | | | | | | | Name of Organization | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | | | Telephone # | | | | | | | | | | E-mail | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| Location of service (Directions/main intersection) | | | | | | | | | | | | | | | | | | | | | | | | | Parking available /cost of parking | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Date(s) Of Service Required: | | | | | | | | | | # Of Days | | | | | | | | | AM / PM | | | | | | Length of Service | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |
| What Type Of Organization Is This Service For? (Check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Church | |  | | | | Food bank | | | | | |  | | | | | | | Supermarket | | | | |  | | | | Community Group | | |  | |
| School | |  | | | | Mall | | | | | |  | | | | | | | Other (Specify) | | | | | | | | | | | | | |
| Type of Service Required (Check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presentation | | | | | |  | | | | | Cooking Class | | | | | | | | | | |  | | | | | Display | | | |  | |
| TV/Newspaper Article/Radio | | | | | |  | | | | | Food Demonstration | | | | | | | | | | |  | | | | | Other (Specify): | | | |  | |
| **Topic(s) Requested:** | | | | | | | | | | | **# Of People Expected?** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Age Range:** | Children (<13yrs**)** | | | | | |  | | | | Teens (<19yrs) | | | | | | | | | | |  | | | | | Adults | | | |  | |
| Older Adults (65+) | | | | | | |  | | | | Mixed Ages | | | | | | | | | | |  | | | | | | | | | | |
| Other Characteristics (Check All That Apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Females  Males  Mothers  Single Mothers  Low Income | | | | |  | | | | | | | | | | | | | | Ethnic Group  General Population  School Group  Club  Other | | | | | | | | |  | | | | |
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| Special Needs (Describe) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Resources Available: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overhead projector | | | | Yes | | | | |  | | | | No | | |  | | Cooking Utensils | | | | | | | | Yes | | |  | No | |  |
| Flip Chart | | | | Yes | | | | |  | | | | No | | |  | | Hot/Cold Water | | | | | | | | Yes | | |  | No | |  |
| Kitchen facilities | | | | Yes | | | | |  | | | | No | | |  | | Kitchen sink | | | | | | | | Yes | | |  | No | |  |
| Plug-ins/extensions | | | | Yes | | | | |  | | | | No | | |  | | Cooking Equipment | | | | | | | | Yes | | |  | No | |  |
| **Food Costs:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Food costs involved? | | | | | | | | | | | | | | | Yes | |  | No | |  | What is your budget limit? | | | | | | | | |  | | |
| Will you reimburse the CFA**?** | | | | | | | | | | | | | | | Yes | |  | No | |  | Other Information: | | | | | | | | | | | |
| Will you purchase or arrange for all food? | | | | | | | | | | | | | | | Yes | |  | No | |  |
| Presentations by CFAs are free, but we ask a donation of $10.00 to cover transportation costs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you able to provide a donation to support the CFA program? | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | No |  | | |
| If YES, amount | | |  | | | | | | | | | | | | Is a receipt required? | | | | | | | | Yes | | |  | | | No |  | | |
| Notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please return form to cfadvisors@guelphchc.ca