



Cooking Club Intake Form

Name: _____ Date: _____

Phone: _____ Birthday: _____

Address: (include city and postal code) _____

Email Address: _____ BC Medical #: _____

Parent or Legal Guardian (name and phone #) _____

Other Emergency Contact (name and phone #) _____

How did you hear about the Cooking Club? _____

Are you in care of MCFD? _____

Are you on Probation and completing Probation Hours? _____

Do you have any emotional, physical or other commitments that may interfere with your work:

What experience do you have around preparing food? (i.e. could you make a grilled cheese sandwich? What kind of foods do you like to make?)

Do you have any health concerns that we need to be aware of (i.e. bad back, allergies, asthma)?

Please send completed application forms to:
Aunt Leah's Cooking Club
200-668 Carnarvon Street. New Westminster, BC V3M 5Y6
Ph: 604-525-1204 ext 223 Fax: 604-525-1295