



CALGARY'S COOKING APPLICATION - MINI KITCHEN

The Community Kitchen Program of Calgary
3751 21 Street NE, Calgary, AB T2E 6T5
Phone: 275-0258 Fax 274-2967

(Please note: The information on this form is confidential)

Name _____ Date (MM/DD/YYYY) _____
Address _____ Postal Code _____
Date of Birth (MM/DD/YYYY) _____
Contact Information: Home# _____ Work# _____
Cell# _____ Email _____

DAY(S) OF WEEK YOU ARE AVAILABLE TO COOK - please check all that apply:

Mon Thu Fri Sat Sun Morning Afternoon Evening

Do you have a vehicle (or ride arranged to and from cooking sessions and meetings)? Yes No

Do you have special needs (i.e. mobility, accessibility, etc?) If so, please explain:

Allergies or dietary restrictions (include any food allergies of anyone in household):

Any *medical condition we should be aware of:

**Please note that once you are placed in a kitchen you will be required to provide further medical and emergency contact information*

OFFICE USE ONLY

Date Application Received (MM/DD/YYYY)

Date Placed in Kitchen (MM/DD/YYYY)

Kitchen Name

Membership Fee Received

Intake Form

Yes

No