



CALGARY'S COOKING APPLICATION
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:

Address:

Postal Code:

Date of Birth:

Contact Information: Home#

Work#

Cell#:

Email:

Number of people you will be cooking for:

Adults:

Children:

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

Thursday Daytime

Friday Daytime

Saturday Daytime

Sunday Daytime

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:

Date Placed in Kitchen:

Kitchen Name:

Membership Fee Received:

Intake Form:

Yes

No