

Culinary Arts Training Program

Student Application

Thank you for your interest!

We are excited about this program and the opportunities that lie ahead for you as you acquire new skills for your passion for cooking and food. This is a place where God meets you where you are and help achieve the impossible dream. It is intended for people who are highly motivated and want to seek and maintain a new change in their lives and future.

Culinary Arts training is a 20-week program designed to provide employment and life skills with local job placement opportunities. This training offers: Spiritual nurture, culinary skills, Life skills development, ServSafe course, and Job placement assistance.

Joining Culinary Arts means that you are willing to do whatever it takes to move to a place where you have enough resources and friends in your life to feel successful.

Eligibility Requirements for Applicants must:

- Be 18 years of age or older.
- High School Diploma/GED
- Be available to be in class from on Monday 10:00am to 12:30pm and Wednesday 1:00pm to 3:30pm.
- Able to attend class every day on time.
- Household income is at or below the Federal Poverty Guidelines for household size.

For more information contact us:

Octavia Downing

Open Door Institute Coordinator

Phone: 706.323.5518

Email: Octavia@odch.org

Address: 2405 2nd Avenue

Columbus, GA 31901



Open Door Culinary Training Program Application

The information provided here will be used by Open Door staff to better understand each potential trainee's situation and needs.

All information will be kept confidential.

Applicant Information

Today's Date: _____

Applicant Name: _____ Date of Birth: _____ Age: _____

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Number: _____ Cell Number: _____ Text: Yes No

Email address: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the United States? Yes No

All instruction for this program is conducted in English. Are you able to read, write and communicate effectively in English? ___Yes ___No

Gender: ___Male ___Female Veteran: ___Yes ___No

Race: ___African American/Black ___Asian/Pacific Islander ___Caucasian/White ___Hispanic/Latino Origin
___Native American ___Multi-Racial ___Unknown

Referral Information

How did you hear about the Culinary Training Program? _____

Have you been enrolled in this program before: Yes No If yes, what year: _____

Education

___ High School Diploma (Year _____) ___ GED (Year _____)

___ College/Technical School (Year: _____) ___ Highest Grade Completed: _____

Are you currently enrolled in school/classes? ___No ___Yes, Where _____

Begin Date: _____ Completion Date: _____

Household Information

Marital Status: ___Single ___Married ___Separated ___Divorced ___Widow/Widower

How many in the household: ___Adults ___Infant/Toddlers (age: 0-5) ___Children/Teens (age: 6-17)

Source of Income: ___Employment ___SSI/SSDI ___Unemployment Benefits ___Other: _____

Income: ___ Under \$10,000 ___ \$10,001-\$19,000 ___ \$20,000-\$29,000 ___ \$30,000-\$39,000 ___ Over \$40,000 ___ Unknown

Public Assistance: ___ Food Stamps ___ TANF ___ Public Housing ___ WIC ___ Head-Start ___ Section 8 Rental Assistance
___ Utility/Energy Assistance ___ Vocational Rehab ___ Free/Reduced Lunch ___ CAPS

Other(s): _____

Do you have reliable transportation? ___ Yes ___ No Mode of Transportation: ___ Car ___ Bus ___ Other: _____

Employment

Are you currently employed? ___ Yes ___ No Full Time ___ Part Time ___ Seasonal ___

Current Employer _____

Position _____ Hourly Rate \$ _____ How long have you been working: _____

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Background History

Will you consent to a criminal background check? ___ Yes ___ No

Have you ever been convicted of felony? ___ Yes ___ No Date(s): _____

If yes, please explain:

Do you have a Parole/Probation Officer? ___ Yes ___ No If yes, what is their name? _____

Email address: _____ Phone number: _____

Do you have any court cases or legal issues pending? ___ Yes ___ No

If yes, please describe and provide date:

Alcohol and Drug History

Have you ever used or currently using any drug/alcohol? ___ No ___ Yes

If yes, Name of Drug/Substance: _____ Date last used: _____

Have you ever been hospitalized from alcohol/drug use? No Yes, Date: _____

Are you currently or ever been involved in any type of drug or alcohol rehabilitation program? Yes No

If yes, what program are you working with? _____

What medications have you taken that might cause positive result in a drug test?

Will you consent to a drug test? Yes No

Please Note: a negative test is required for instructions in the kitchen. If the first drug screen is positive, you will be ordered to consent for a second random test or you may opt for the test to be taken at the lab that Open Door uses (at the cost of \$40).

In Case of Emergency

Contact Name: _____ Relationship: _____

Phone Number(s): _____ / _____

Contact Name: _____ Relationship: _____

Phone Number(s): _____ / _____

Are you currently taking any prescription medication? Yes No

If yes, please list medication name, and schedule taken:

Do you experience any side effects, such as drowsiness, impaired motor skills, or impaired judgment when taking these medications? Yes No

Have you been diagnosed with Hepatitis A? Yes No Are you HIV positive? Yes No

Do you have food allergies? Yes No

If yes, please list the food items below:

What's Your Plan?

Briefly explain why you want to participate in this program:

What position in the food service industry do you hope to get after graduating and why:

Program Agreement

Listed below are some of the program requirements. Please initial after each one that you agree to each requirement.

_____ I understand that I must be on time and prepared to stay the entire time.

_____ I understand that I must be willing to accept instruction from my instructors and complete the tasks that are assigned to me with a positive attitude.

_____ I understand that I must be clean and sober.

_____ I understand that Open Door Community House is not responsible for damage, loss, or theft of my personal property.

_____ I understand that this campus is a drug-free campus.

STUDENT PARTICIPATION AGREEMENT

By signing this document I affirm my commitment to the many privileges this program offers and to this opportunity to grow in confidence and learning. I understand that I must take responsibility for my own transportation and child care, and I pledge to arrive on time and to attend each session throughout the given date of the program.

Signature: _____ Date: _____

Thank you for your being part of the Open Door Institute Culinary Arts program!

**Open Door Community House
2405 Second Avenue
Columbus, Georgia 31901**

