



Dear Community Kitchen Academy Applicant:

Thank you for your interest in the **Community Kitchen Academy** Training Program. Our training is 12 weeks long from 9:30 A.M. to 3:30 P.M., Monday through Friday. The kitchen is located at Chittenden Emergency Food Shelf, 228 N Winooski Ave, Burlington, VT.

**Community Kitchen Academy (CKA)** prepares underemployed and unemployed Vermonters for a career in the food service industry and lifelong learning through an intensive program of culinary skills development, career readiness and job placement. Students actively develop and apply new skills by creating wholesome meals for those at risk of hunger using food that has been gathered from within our communities that may otherwise go to waste.

**Please retain this letter as it contains vital information about the application process.**

Enclosed is the application for admission to our program. An online application is available at [www.vtfoodbank.org](http://www.vtfoodbank.org). Please return the completed application to the address listed below. Applications must have a current working phone number where a message can be left. **If we are unable to reach you at the phone number supplied, your application will be incomplete and therefore, not considered.**

Applicants must be able to meet the following **requirements**:

- At least 18 years old
- Possess basic literacy skills and speak English
- Underemployed or unemployed
- Able to meet low income requirements
- Desire to work in the food service industry
- Have the legal right to work in the U.S.
- Provide documentation of High School Graduation or GED (or currently in progress)
- Pass structured interview with CKA Chef Instructor
- Able to commit fully to 12-week program. Daily attendance is required. Students must be on time and prepare to stay the entire length of the program.
- Physically able to stand and work for 6 hours, able to lift 50 lbs, able to perform frequent bending and tolerate a hot kitchen environment
- Able to follow multi-step instructions in a fast-paced environment
- Capable of the manual dexterity required for proper knife use
- Have childcare, transportation and housing arrangements in order
- Adhere to host agencies drug, alcohol and tobacco policies.
- Provide information about any criminal background / history. Applicants will not be accepted into the CKA program if they are a registered sex offender, a violent criminal offender or listed on the Child Abuse and Vulnerable Populations registry

We are looking forward to receiving your application. Thank you in advance for starting the application process.

Sincerely,  
 Brian Dermody, Chef Instructor  
 Chittenden Emergency Food Shelf | 294 North Winooski Ave, Suite 112A | Burlington VT 05401  
[cka@cvoeo.org](mailto:cka@cvoeo.org) | (ph) 802-540-2572 | (fax) 802-860-3663



# CKA BURLINGTON | APPLICATION



<u>For Office Use Only</u>	
Received Date:	_____
Eligible Y/N:	_____
Interview Sched:	_____
Status:	_____
Entered in DB:	_____

**Community Kitchen Academy (CKA)** prepares underemployed and unemployed Vermonters for a career in the food service industry and lifelong learning through an intensive program of culinary skills development, career readiness and job placement. Students actively develop and apply new skills by creating wholesome meals for those at risk of hunger using food that has been gathered from within our communities that may otherwise go to waste.

Online application available at [www.vtfoodbank.org](http://www.vtfoodbank.org)

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Last 4 digits SSN: xxxx- xxxx - \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact (Name & Phone) \_\_\_\_\_

## REFERRAL INFORMATION

How did you hear about the CKA Program? \_\_\_\_\_

Yes     No

Do you have a Case Worker/Case Manager/Employment Team Member?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Agency \_\_\_\_\_

## SUBSIDIES

Financial assistance is available to income qualified applicants. We will work with you to determine eligibility for the following subsidies. Which organizations are you currently actively working with?

- Dept of Labor / WIOA   
  Voc Rehab   
  Reach Up   
  VSAC  
 Don't Know   
  Other: \_\_\_\_\_



## EDUCATION

Updated Nov 21, 2016

- Yes    No   Do you have a High School Diploma or G.E.D.?
- Yes    No   Can you provide documented proof of a High School Diploma or G.E.D.?
- Yes    No   Have you ever attended college or educational training programs?

Please describe: \_\_\_\_\_

## EMPLOYMENT

- Yes    No   Do you have any prior food service experience or education?

Please describe: \_\_\_\_\_

- Yes    No   Are you currently employed?

If Yes, where? \_\_\_\_\_

How many hours per week? \_\_\_\_\_ Current position: \_\_\_\_\_

## HOUSING / TRANSPORTATION

- Yes    No   Do you have secure housing for all of the 12 weeks?
- Yes    No   Do you have transportation and are able to commute to our class location every day?

Please describe: \_\_\_\_\_

## CHILDCARE

- Yes    No   If applicable, do you have adequate childcare for the 12 week session?

Please describe: \_\_\_\_\_

## LEGAL INFORMATION

- Yes    No   Do you have any felony convictions?
- Yes    No   Have you ever been convicted of a sex offense or violent crime?
- Yes    No   Are you listed in the Child Abuse and Vulnerable Populations registry?
- Yes    No   Are you working with a parole officer?

Applicants will not be accepted into the CKA program if they are a registered sex offender, a violent criminal offender or listed on the Child Abuse and Vulnerable Populations registry.

If you have a felony conviction, you must complete an additional application through the Community Justice Center. Contact: Christine Longmore, Offender Workforce Development Specialist, 200 Church Street Burlington, VT 05401 (802) 865-7574.



**HEALTH HISTORY**

- Yes     No    Do you have any medical conditions, handicaps, or impairments that make certain work or physical activities difficult for you?
- Yes     No    Do you have a disability that substantially limits major life activities?  
(Examples: mental illness, physical disability, substances abuse, development/learning disability)
- Yes     No    Do you have a food borne illness that prevents you from working with food?

**HOUSEHOLD INFORMATION and COMPOSITION**

- Yes     No    Do you have the legal right to work in the U.S?
- Yes     No    Are you able to speak and read English?
- Yes     No    Have you ever served in the armed forces?

**Total # of People in Household?** \_\_\_\_\_

**Head of Household (check box that applies)**

Female, Single Parent	<input type="checkbox"/>	Two Adults, No Children	<input type="checkbox"/>
Male, Single Parent	<input type="checkbox"/>	Two Parent Household	<input type="checkbox"/>
Single Person Household	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>

**Food & Nutrition**

Are you receiving 3Squares VT (Food Stamps)?	Yes / No
Have you ever received Food Stamps before?	Yes / No
If not, would you like to apply for 3SquaresVT/Food Stamps?	Yes / No

**INCOME INFORMATION**



Check off all sources of **income** received in the **past 6 months** for all members of your **household**:

	Self	Spouse / Partner	Other
<b>Type of Income</b>	<b>CHECK BOXES BELOW</b>		
Earned Income/Work for Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Disability Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private disability income (insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF -- Temporary Assistance for Needy Families (Reach Up benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement income from Social Security (SSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension from a former job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony or other spousal support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other source (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Total Monthly Income:</b> (report on the monthly average for the past 6 months)	<b>Self</b>	<b>Spouse/Partner</b>	<b>Other</b>
	\$	\$	\$

**Total Monthly Income for ALL household members:** \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_

Are you able to support yourself financially during the training?  Yes  No

### NON-CASH BENEFITS

Check off all **benefits** received in the **past 6 months** for all members of your **household**:

	Self	Spouse / Partner	Other
<b>Type of Benefit</b>			
Supplemental Nutrition Assistance Program (3Squares Vermont)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAID health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program (SCHIP) (Dr Dynasaur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration (VA) Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-funded services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 8, public housing, or other rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Source (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### COMMITMENT



The CKA program is located at CEFS, 228 N Winooski Ave, Burlington, VT. The program is **12 WEEKS** long and **REQUIRES** attendance from: **9:30 AM to 3:30 PM Monday thru Friday.**  
 (only a very small number of excused absences are allowable)

- Yes     No    Are you able to commit to the full schedule for all of the 12 weeks?
- Yes     No    Are you willing to adhere to policies and procedures related to attendance, punctuality and other course requirements?
- Yes     No    Are you able to commit to full or part time employment upon graduation?

**PHYSICAL REQUIREMENTS**

- Yes     No    Are you able to lift 50 pounds?
- Yes     No    Are you able to work in a hot / humid environment?
- Yes     No    Are you able to stand for 6 hours?
- Yes     No    Are you able to follow multi-step instructions in a fast paced environment?
- Yes     No    Are you able to perform frequent bending?
- Yes     No    Are you capable of the dexterity required for proper knife use?

**TRAINING REQUIREMENTS**

*Please initial after each one that you agree to each requirement.*

- At least 18 years old \_\_\_\_\_
- Possess basic literacy skills and speak English \_\_\_\_\_
- Underemployed or Unemployed \_\_\_\_\_
- Able to meet low income requirements \_\_\_\_\_
- Desire to work in the food service industry \_\_\_\_\_
- Have the legal right to work in the U.S. \_\_\_\_\_
- Provide documentation of High School Graduation or GED (or currently in progress) \_\_\_\_\_
- Pass structured interview with CKA Chef Instructor \_\_\_\_\_
- Able to commit fully to 12-week program \_\_\_\_\_
- Daily attendance is required \_\_\_\_\_
- Be on time and prepared to stay the entire length of the program \_\_\_\_\_
- Have childcare, transportation and housing arrangements in order \_\_\_\_\_
- Adhere to host agencies drug, alcohol and tobacco policies \_\_\_\_\_
- Provide information about any criminal background / history

Please describe any reason why you are unable to agree to any of the above requirements:  
 \_\_\_\_\_  
 \_\_\_\_\_



**Confidential Information**

It is our policy at CEFS to respect your privacy, guard your personal information, and to keep you informed of your rights.

**Inter-Disciplinary Teams**

CEFS staff may share information about you with the State of Vermont, contractors, and other service providers for the purpose of engaging in identifying, coordinating, planning, arranging, and providing services to you in and to help you to receive the services for which you are applying.

**Program Administration**

CEFS staff will use and share individually identifiable information as required by our funding sources for the purposes of program administration. Examples include reporting, billing, and recordkeeping.

**Certification**

I give my word that the information that I provide in this application is true and complete to the best of my knowledge. I understand that if I knowingly provide false information that assistance may be denied.

**Right to Appeal or Request a Variance**

You have the right to appeal a denial or decision. Contact the CEFS at 802-860-3663.

**Disclaimer and Signature:**

I release Chittenden Emergency Food Shelf, Champlain Valley Office of Economic Opportunity (CVOEO), and Vermont Foodbank from any liability as a result of such contract. Chittenden Emergency Food Shelf, Champlain Valley Office of Economic Opportunity (CVOEO), and Vermont Foodbank are not responsible for personal injury or damage, loss, or theft of my personal property. I understand that if I am accepted into the program, I will not be paid wages for work, but will receive the benefit of culinary training, life skills classes, and job placement assistance. I also understand that continued enrollment will be based on completion of job-related physical examinations and successfully meeting training requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application to:**

Brian Dermody, Chef Instructor  
Chittenden Emergency Food Shelf  
294 North Winooski Ave, Suite 112A  
Burlington, Vermont 05401  
(ph) 802-540-2572 | (fax) 802-860-3663  
[cka@cvoeo.org](mailto:cka@cvoeo.org)  
[bdermody@cvoeo.org](mailto:bdermody@cvoeo.org)

