



Chefs in Schools Training Program
Application 2015-16

Director of Nutrition Services (or person in charge of school meals program)

School District:

First Name: Last Name:

Title:

Mailing Address:

City: Zip Code:

Daytime Phone: Email:

Business Manager

First Name: Last Name:

Mailing Address (If different than above):

Daytime Phone: Email:

1. Is your district school nutrition department Self Operated?

4. Describe any infrastructure challenges due to limited space or equipment.

5. What type of culinary, marketing, food safety, or other training does your staff currently receive? Please describe the frequency, format, and general content of your staff trainings.

6. Describe any training challenges that you experience.

7. How receptive is your staff to scratch cooking, culinary training, new cooking methods, new recipes, etc? Please describe staff skill level and interest in chef training.

8. Describe parent involvement in your district. How active/engaged is your school wellness committee?

9. Do you participate in the Department of Defence (DoD) Fresh Program?

10. Have you ever employed or worked with a trained chef in your district?

10a. If yes, please describe the experience.

I certify that the information in this application is accurate and true to the best of my knowledge, and that our district will adhere to the Project Bread Chefs in Schools Training Program requirements as indicated in this application.

Signature

Date

Do not scan, fax, or mail this application.

Please fill out this electronic form, save it, and then email the completed application to:

Guy Koppe

Guy_koppe@projectbread.org

Please contact Guy Koppe at 617-239-2570 with questions about the guidelines or application.

