

Request for Community Food Advisor Service

Please complete one form per service request a minimum of 6 weeks prior to event

Today's Date	Name of Organization or Group	Contact Person
Address		Postal Code
Organization's Telephone Number ()	E-mail	

Date of Service: Please provide 1st choice and 2nd choice (n.b. flexibility with dates may increase opportunity to secure a volunteer)

1st Choice _____ Start time & end time _____

2nd Choice _____ Start time & end time _____

Location of Service (if different from address above):

Topic(s) Of Interest (check all that apply)

<input type="checkbox"/> Canada's Food Guide	<input type="checkbox"/> Quick & Healthy Meals	<input type="checkbox"/> Healthy Eating on a Budget
<input type="checkbox"/> Cooking With Beans & Legumes	<input type="checkbox"/> Safe food handling	<input type="checkbox"/> Cooking for one/two
<input type="checkbox"/> Shopping Tips and Menu Label Reading	<input type="checkbox"/> One-pan meals	<input type="checkbox"/> Healthy Snacks
<input type="checkbox"/> Incorporating More Vegetables and Fruit	<input type="checkbox"/> Menu Planning	

Type of Service Required (check all that apply)

Presentation/workshop Display Food demonstration Cooking class

Other (Specify): _____

Number of people expected? _____

Age Range Preschool Children (5-9) Preteen (9-13) Teens (13-19) Adults Older Adults (65+) Mixed Ages

<p>Are kitchen facilities available for use by the volunteer?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Are there any special needs or food allergies?</p> <p>Please specify: _____</p>
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If requesting a food demonstration or cooking class, what is your budget limit? _____

Will food be purchased by:

Your organization **OR** CFA (reimbursement required on the day of the event)

If paid parking, organization requesting service is required to cover the parking cost of CFA(s).

Information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, c.H.7, part II, subsection 7.1 used for the purpose of sharing with Community Food Advisor Volunteers to provide CFA service. Questions about the collection, access to or correction of your information should be directed to: Manager, Health Information, Privacy and Security; Durham Region Health Department, 605 Rossland Road E., Whitby, ON L1N 6A3 (905) 668-7711.



HEALTH DEPARTMENT

Durham Health Connection Line: 905-666-6241 or 1-800-841-2729 Fax: 905-666-6214



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