



FEED ME HOPE

CULINARY & BAKERY JOB TRAINING PROGRAM APPLICATION

APPLICATION REQUIREMENTS

- 1.) You **MUST** provide contact information where you can be reached, either a phone number or email.
- 2.) Your application **MUST** be filled out by you and **only you** with pen or pencil.
- 3.) You **MUST** fill out the **entire application**. Incomplete applications will not be considered for acceptance.
- 4.) Please **READ** each question carefully and take your time to **explain your answers** as needed.
- 5.) Please **PRINT** clearly. **If we can't read it, we can't accept it.**

ELIGIBILITY REQUIREMENTS

- 1.) 18 years of age or older: _____
Initials
- 2.) Low income (less than \$15,000/year) **or** homeless: _____
Initials
- 3.) Currently receiving or eligible for SNAP (Food Stamps): _____
Initials
- 4.) Able to work part-time (20 hours/week) after graduation: _____
Initials
- 5.) Able to stand for at least 3 hours at a time: _____
Initials

APPLYING FOR:

Culinary



Initials

Bakery (Women Only)



Initials

STAFF USE ONLY

Feed Me Hope Staff Receiving Application

(Initials)

Don _____ David _____ Daja _____

Chris _____ Cherish _____ Savannah _____

Other FMH/DHC Staff Member _____

Ask clarifying questions if necessary. Use the space below to record your first impressions, the applicant's demeanor, positive/negative feedback, or any other information that may be helpful.

Please submit this application to the FMH Program Manager.

FEED ME HOPE APPLICATION & ASSESSMENT

Today's Date: ____/____/____

Social Security #: ____-____-____

Full Legal Name (PRINT): _____
First Name Middle Name Last Name

Date of Birth: ____/____/____

Gender: Male Female

Current Residential Address:

Street Address City/State Zip Code

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Email: _____ Preferred Method of Contact: Phone Email

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: (____) _____

Race / Ethnicity: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Alaska Native / American Indian | <input type="checkbox"/> Asian / Asian-American |
| <input type="checkbox"/> Black / African American / Other African | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> White / Caucasian |
| <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |

Work Eligibility:

- U.S. Citizen? Yes No Eligible to work in the U.S.? Yes No
- Immigrant, refugee, or new arrival to this country? Yes No
If Yes: do you have proper immigration documents? Yes No
- Served in active duty in the U.S. military, including National Guard or Reserves? Yes No
If Yes: Active Dates: _____ Honorable Discharge? Yes No

STAFF USE ONLY:

HOUSING

Please identify your current house situation:

- | | |
|--|--|
| <input type="checkbox"/> On the street / Tent | <input type="checkbox"/> Your own home/apartment (*provide address below) |
| <input type="checkbox"/> Voucher / Section 8 Housing | <input type="checkbox"/> Relative's place permanently (*provide address below) |
| <input type="checkbox"/> Shelter (specify): _____ | <input type="checkbox"/> Friend's place permanently (*provide address below) |
| <input type="checkbox"/> Transitional Housing (specify): _____ | <input type="checkbox"/> Temp. living w/friends/family; need to move ASAP |
| <input type="checkbox"/> Treatment Facility (specify): _____ | <input type="checkbox"/> Fleeing domestic violence and facing homelessness |
| <input type="checkbox"/> Other: _____ | |

Current address/location of where you sleep at night:

Street AddressCity/StateZip Code

Are you currently homeless? Yes No *If Yes:* Zip code where you stayed last night: _____
(i.e., living on the streets, in a car/RV or a structure without utilities)

Please describe your household composition:

- | | |
|---|--|
| <input type="checkbox"/> Single adult | <input type="checkbox"/> Other adult relatives |
| <input type="checkbox"/> Single-parent, w/minors | <input type="checkbox"/> Other adult relatives, w/minors |
| <input type="checkbox"/> Two-parent household, w/o minors | <input type="checkbox"/> Other adult(s), non-relative |
| <input type="checkbox"/> Two-parent household, w/minors | <input type="checkbox"/> Other: _____ |

How long have you lived in Alaska? _____ **Where did you live before that?** _____

EDUCATION

Are you limited in your ability to communicate in English? Yes No

Do you have a history of difficulty in school or a diagnosed learning disability? Yes No

If yes, please describe: _____

Did you graduate from High School? Yes No

If no: What is your highest grade completed? _____ Have you received your GED? Yes Year: _____ No

Post-Secondary Education:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> AA or Equivalent | <input type="checkbox"/> Bachelor's Degree: _____
<small>School/University Field of Study Grad. Year</small> |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Other Diploma/Certification | <input type="checkbox"/> Master's Degree: _____
<small>School/University Field of Study Grad. Year</small> |

Please list/describe any additional education or Vocational/Technical Training? None

Program/School: _____ *Year completed:* _____

STAFF USE ONLY:

EMPLOYMENT HISTORY

Have you been employed in the last 12 months? Yes No

If Yes: Last Employer / Name of Company: _____ Job Position / Title: _____

Hourly Wage: \$ _____ Hours / week: _____ Reasons for Leaving: _____

If No: What is your reason for not working? _____

Please list the last job you had:

Employer / Name of Company	Start Month & Year	End Month & Year	City & State
----------------------------	--------------------	------------------	--------------

Please list any /all food related employment or experience: None

Company / Restaurant Name	Start Month & Year	End Month & Year	City & State
---------------------------	--------------------	------------------	--------------

Company / Restaurant Name	Start Month & Year	End Month & Year	City & State
---------------------------	--------------------	------------------	--------------

Company / Restaurant Name	Start Month & Year	End Month & Year	City & State
---------------------------	--------------------	------------------	--------------

Please check all barriers you have experienced toward gaining / maintaining employment:

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol / Drug Addiction | <input type="checkbox"/> Criminal History | <input type="checkbox"/> End of Relationship / Divorce |
| <input type="checkbox"/> Lack of Safe / Stable Housing | <input type="checkbox"/> Negative / Lack of Job History | <input type="checkbox"/> Domestic / Family Violence |
| <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Owing Child Support | <input type="checkbox"/> Family Illness |
| <input type="checkbox"/> Lack of basic Life Skills | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Chronic Medical / Physical Issues |
| <input type="checkbox"/> Lack of ID / SS Card | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Child Health Issues |
| <input type="checkbox"/> Lack of Education / Diploma / GED | <input type="checkbox"/> Termination of Public Assistance | <input type="checkbox"/> Child w/Special Needs |
| <input type="checkbox"/> Lack of Basic Resources | <input type="checkbox"/> Transportation | <input type="checkbox"/> Frequent Relocation |
| <input type="checkbox"/> Lack of Financial Literacy / Debt | <input type="checkbox"/> Vocational Skills Deficiency | <input type="checkbox"/> Veteran Discharge Status |
| <input type="checkbox"/> Chronic conflict w/Supervisors or Co-Workers | <input type="checkbox"/> Other: _____ | |

Do you understand that gaining employment may change your Government benefits? Yes No

STAFF USE ONLY:

ADDICTION & MENTAL HEALTH HISTORY

DRUGS & ALCOHOL

Do you currently have, or have you ever had, an addiction to drugs or alcohol? Yes No

If Yes: please list which type(s) of drugs and/or alcohol: _____

Do you desire to become /stay clean & sober? Yes No

Have you used drugs or alcohol in the past 30 days? Yes No

If Yes: please list which type(s), amount, and frequency: _____

If No: how long have you been clean and sober? _____

Have you attended a treatment program for drugs / alcohol? Yes No

If Yes: when and where: _____ Did you Graduate? Yes No

MENTAL HEALTH

Have you ever been diagnosed with depression or mental illness? Yes No

If Yes: please list diagnosis: _____

Have you ever received treatment or taken medication for depression or mental illness? Yes No

If Yes: please explain: _____
Treatment / Medication & Date Prescribed Treatment / Medication & Date Prescribed Treatment / Medication & Date Prescribed

Please list all medications you are currently taking:

_____	_____	_____	_____
Medication & Date Prescribed	Medication & Date Prescribed	Medication & Date Prescribed	Medication & Date Prescribed
_____	_____	_____	_____
Medication & Date Prescribed	Medication & Date Prescribed	Medication & Date Prescribed	Medication & Date Prescribed

Please list all prescribed medication which you are not taking:

_____	_____	_____	_____
Medication & Date Prescribed	Medication & Date Prescribed	Medication & Date Prescribed	Medication & Date Prescribed

Please share all significant past and present medical / physical / mental health conditions or disabilities that may impede your ability to be trained and/or employed in the food service industry:

STAFF USE ONLY:

BACKGROUND & LEGAL HISTORY

Background Check Release:

For *Feed Me Hope* to be able to assist our students in achieving self-sufficiency, we need to be aware of any barriers to success our applicants face. We ask that all applicants consent to a criminal history search. By initialing below, you agree to allow *Feed Me Hope* Staff to conduct a criminal history search. ***FMH Staff will be aware of your criminal background before interviews occur. Having a criminal background does NOT automatically disqualify you or ruin your eligibility.***

I understand that failure to honestly disclose criminal convictions can be grounds for denial of enrollment. _____
Initials

Are you on Probation? Yes No Are you on Parole? Yes No

If Yes: PO Name: _____ Phone Number: (_____) _____

OPEN / PENDING / UPCOMING COURT CASES

Please list court dates, warrants and any other upcoming legal issues. *(Continue on back page if necessary.)*

None

Pending Charge	Month & Year	City/State	Next Scheduled Court Date
Pending Charge	Month & Year	City/State	Next Scheduled Court Date
Pending Charge	Month & Year	City/State	Next Scheduled Court Date

CRIMINAL CONVICTIONS

(You will be asked to explain all felony convictions if interviewed.)

None

			<u>MISDEMEANOR</u>	<u>FELONY</u>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>

			<u>MISDEMEANOR</u>	<u>FELONY</u>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>
Offense / Conviction	Month & Year	City & State	<input type="checkbox"/>	<input type="checkbox"/>

STAFF USE ONLY:

FINANCIAL & SUPPORTIVE SERVICES

Please identify all resources from which you currently receive income or assistance:

<u>Housing Assistance</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	<u>Unemployment</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
<u>Employment Income</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	<u>Medicaid</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
<u>SNAP / Food Stamps</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	<u>Medicare</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
<u>Adult Public Assistance</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	<u>VA Benefits</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
<u>Social Security (SSI & SSDI)</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	<u>VA Health Care</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
<u>Temporary Assistance (ATAP)</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	<u>Child Support</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
<input type="checkbox"/> Other : _____ Amount: \$ _____	

Are you involved with any of the following agencies or programs? None

- | | |
|---|--|
| <input type="checkbox"/> Anchorage Gospel Rescue Mission | <input type="checkbox"/> Division of Vocational Rehabilitation (DVR) |
| <input type="checkbox"/> Partners Reentry Center (PRC) | <input type="checkbox"/> NeighborWorks |
| <input type="checkbox"/> South Central Foundation (SCF) | <input type="checkbox"/> Rural Cap |
| <input type="checkbox"/> Cook Inlet Tribal Council (CITC) | <input type="checkbox"/> Catholic Social Services (CSS) |
| <input type="checkbox"/> Covenant House / AWAIC / Clare House | <input type="checkbox"/> Other : _____ |

Do you have a Case Manager? Yes No

If Yes: Case Manager's Name: _____ Phone Number: (_____) _____

Are you willing to sign a Release of Information (ROI) allowing *Feed Me Hope* Staff to work and communicate with your doctor, counselor, case manager, parole/probation officer and/or other service providers?

Yes No

STAFF USE ONLY:

APPLICANT REFERRAL & GOALS

How did you find out about *Feed Me Hope*? (Check all which apply):

- | | |
|--|---|
| <input type="checkbox"/> <i>Feed Me Hope</i> Student / Graduate: _____ | <input type="checkbox"/> PRC (Partners Reentry Center) |
| <input type="checkbox"/> Downtown Hope Center Staff: _____ | <input type="checkbox"/> SCF (South Central Foundation) |
| <input type="checkbox"/> Public Assistance Referral | <input type="checkbox"/> CITC |
| <input type="checkbox"/> Henning Inc. / 99+1 | <input type="checkbox"/> AWAIC |
| <input type="checkbox"/> Anchorage Gospel Rescue Mission | <input type="checkbox"/> DOC Referral |
| <input type="checkbox"/> 3RNC/ Catholic Social Services/ Brother Francis | <input type="checkbox"/> AK Housing |
| <input type="checkbox"/> AK Mental Health Consumer Web | <input type="checkbox"/> Covenant House |
| <input type="checkbox"/> Poster / Flyer (Location): _____ | <input type="checkbox"/> Anchorage Job Center |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Clitheroe |

Have you ever applied to the *Feed Me Hope* Job Training program before?

- Yes No *If Yes:* what year? _____

Have you ever volunteered at Downtown Hope Center before?

- Yes No *If Yes:* what year? _____

Please tell us why you are applying to *Feed Me Hope*:

Please tell us what you would like to change/improve about your life or current situation:

Please explain your goals for future employment:

TRAINING & PROGRAM HOURS

Bakery: Monday – Friday / 8:00AM - 4:15PM

Culinary: Monday – Friday / 10:30AM - 7:00PM

I am aware of the training and program hours listed above and understand that I am required to be available during the appropriate schedule. _____

Initials

APPLICANT COMMITMENT AGREEMENT

If admitted into Feed Me Hope, I will...

- Attend and fully participate in all offered classes and training for the entire 16-weeks. _____
Initials
- Develop and maintain a clean and sober lifestyle, including marijuana. _____
Initials
- Adhere to all Policies, Procedures and Code of Conduct of the *Feed Me Hope* Job Training Program. _____
Initials
- Be coachable and accept instruction from *Feed Me Hope* instructors and complete all work that is assigned. _____
Initials
- Gain an employable skill set, with the end goal of obtaining employment. _____
Initials
- Confront personal challenges, addictions and/or barriers to successful employment and self-sufficiency. _____
Initials
- Talk to my Life Transformation Coach or other FMH Staff when I need help or feel disempowered. _____
Initials

I understand that...

- *Feed Me Hope* is an **unpaid, 16-week, faith-based** job training opportunity that is ultimately designed toward **genuine life-transformation**. _____
Initials
- Daily attendance is required, and full participation is expected. _____
Initials
- *Feed Me Hope's* purpose is not to make someone a better needy or homeless person, but to give our students a hand-up, not a handout, and change from homelessness to healthy, productive members in our community. _____
Initials

I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

By signing below, I certify that the information provided in this application is true to the best of my knowledge.

Applicant Printed Name

Applicant Signature

____/____/_____
Date