

**Training Dates for 2024**

Aug 6, 13, 20, 27

Sept. 3, 10, 17, 24

Oct. 1, 15

Classes will be held from 5:30 pm– 8:30 pm

**Training:** Participants must attend scheduled in-person classes held in Olathe Kansas. Participants may miss up to two classes for pre-approved absences. Approximately two (2) hours of independent learning and activities will be required outside of in-person training. Participants must have access to a computer and the internet for the independent learning activities.

**Mission:** Johnson County K-State Research and Extension Master Food Volunteer program conducts various activities in the community to provide research-based information on food preparation, preservation, nutrition, and food safety along with other health related topics for Johnson County residents of all ages.

**Purpose:** The organization is designed to expand the effectiveness and efficiency of the program services provided by the County FCS Extension Agent. The organization embodies the education objectives of the Johnson County Extension Council, cooperating with Kansas State University and the United States Department of Agriculture.

**Applications are due by 5:00 pm Wednesday, July 17, 2024**

Please call (913) 715-7000 or email [foodhelp@jocogov.org](mailto:foodhelp@jocogov.org) with questions and inquiries.

**K-STATE RESEARCH & EXTENSION**  
**MASTER FOOD VOLUNTEER APPLICATION**

**FEE:** \$125 that includes cost of materials, apron, name tag, food, and other expenses for this training. Fees are due with application but held until the start of class. Some financial scholarships are available. Contact us to learn more if the application fee is a barrier to your participation.

**INSTRUCTIONS:** Please print legibly. To apply you must be 18 years old, live in Johnson County, and have a minimum of high school diploma or equivalent. Once your application has been received it will undergo our review process.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Primary Phone:  Cell  Home

Email \_\_\_\_\_

[Note: EMFV communication occurs by email, please check regularly]

Emergency Contact Name & Phone: \_\_\_\_\_

Why do you want to become an Extension Master Food Volunteer (EMFV)?

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How did you learn about the Extension Master Food Volunteer Program?

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What type of food experience and/or related training do you have?

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What are your hobbies, talents, area of interest, professional skills, etc. and describe how you may incorporate those into being an EMFV?

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What experiences do you have volunteering or working with the community including schools, churches, youth, senior citizens, ethnic groups, low income, intellectual or physical disabilities, etc.?

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Volunteer opportunities may occur during the morning, afternoon, or evenings Monday through Saturday throughout the year. Please describe your time availability throughout the year and any known conflicts that will occur during the scheduled training.

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Do you belong to any food and/or nutrition group affiliations or have any related certifications?

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Please provide any other relevant information that you would like the EMFV Advisory Board to know.

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## Memorandum of Agreement and Volunteer Code of Ethics

- I wish to become an Extension Master Food Volunteer (EMFV) in Johnson County and will attend the EMFV training program to be held by K-State Research and Extension. I am able and willing to travel to all trainings.
- I attest that I am a resident of Johnson County, at least 18 years of age or older, and I have obtained a minimum of a high school diploma or equivalent.
- I understand that I will volunteer at least 40 hours of my time to providing or assisting with educational programs and community outreach within one year of completing the training.
- I understand that I will become an Active EMFV member when I complete the required training and volunteer hours. To continue as an Active EMFV, I will complete 20 volunteer hours and 8 Advanced Training hours annually.
- I understand that I may not participate in the EMFV program for a personal gain or for commercial/professional purposes and that I will not endorse products or companies.
- I understand that if I work with youth and to be covered under K-State Research and Extension liability insurance, I will complete a Volunteer Information Profile and agree to a reference/background check.
- I understand that I will work under the supervision of the county extension agent and will provide educational programming and community outreach that supports the research-based mission of K-State Research and Extension and the EMFV program.
- I commit to work as a team player for the good of the EMFV program and will work cooperatively with other volunteers, community members, and extension staff and treat them with respect.
- I agree to comply with the code of ethic, policies, rules, and regulations of the EMFV program and local Extension Unit.

In signing this application, I agree to all the terms as outlined in the Memorandum of Agreement and Volunteer Code of Ethics and wish to become a Kansas State University Extension Master Volunteer with the Johnson County Extension Office.

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

### Publicity Release (Check one of the boxes below)

- I authorize K-State Research and Extension or their assignees to record, video, and photograph my image and/or voice for use in research, educational, and promotional programs. I also recognize that these audio, video, and image recordings are the property of K-State Research and Extension.
- No, I do not authorize use of my individual image or voice.

### Mail Completed Application and Check to:

Johnson County K-State Research and Extension  
Attention: Chelsea Reinberg  
11811 S. Sunset Drive, Suite 1500  
Olathe, KS 66061-7057  
Email to: [chelsea.reinberg@jocogov.org](mailto:chelsea.reinberg@jocogov.org)

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