

NMSU Cooperative Extension Service

Master Food Preservers

MFP Volunteer Application

1. Name: _____

2. Address: _____ County: _____

3. Home Phone Number: _____ Cell Number: _____

4. Email Address: _____

5. Are you at least 18 years of age? Circle one → Yes No

6. Have you had previous food safety/preservation training? Circle one → Yes No
If yes, when and where, county?

7. Are you knowledgeable in the following food preservation methods? Please check any that apply.

- Drying
- Freezing
- Boiling Water Bath Canning (High Acid Foods)
- Pressure Canning (Low Acid Food)

8. Why do you wish to become a Master Food Preserver Volunteer?

9. What experiences have you had in working with people, answering telephones, and public speaking? Either through employment or volunteer work?

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10. Volunteer Contribution Time-

Volunteers will be expected to help with Master Food Preserver sponsored events. This includes but is not limited to assisting the FCS County Extension Agent with conducting classes, answering questions from the public, judging exhibits, and/or community information booths.

Are you willing to commit a minimum of 10 hours of volunteer work in a 12 month period?

Circle one → Yes No

I agree to the following (please initial each line):

_____ 1. I understand that as a Master Food Preserver (MFP) Volunteer, I am considered a volunteer of New Mexico State University Cooperative Extension Service (NMSU-CES). Therefore, if I am accepted as a MFP Volunteer I am willing to complete a NMSU Volunteer Agreement.

_____ 2. I understand that I must attend all training sessions and pass an open book post-test with at least 80% correct to qualify for MFP certification.

_____ 3. If I am accepted as a MFP Volunteer I agree to contribute service hours as determined by the Family and Consumer Sciences County Extension Agent. Note: Participants not willing/able to complete a minimum of 10 hours of volunteer service within a 12-month period following training should not apply for the Master Food Preservers Program.

_____ 4. If I am accepted as a MFP Volunteer I agree to complete quarterly reports on the number of public contacts made and hours volunteered as a Master Food Preserver Volunteer.

_____ 5. If I am accepted as a Master Food Preserver Volunteer, I will abide by all regulations and recommendations of NMSU-CES.

I affirm my acceptance of the terms of this agreement stated above with my signature.

Signature of Applicant

Date

Printed Name of Applicant

Date

Submit applications to your local county extension office.