



Date: _____

APPLICANT INFORMATION

Applicant First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Age: _____ Race: _____ Sex: Male Female

School (if applicable): _____

GUARDIAN INFORMATION (IF APPLICABLE):

Are you your own guardian? Yes No (if no please fill out information below)

Name of Guardian(s): _____

Phone: _____ Email: _____

EMERGENCY CONTACT (PLEASE LIST TWO):

NAME : _____ Phone: _____

NAME : _____ Phone: _____

EDUCATION INFORMATION

Highest level of education completed (circle): 6 or fewer years 7 8 9 10 11 12 higher

Degree(s) if applicable:

Can you read? Yes No

If yes reading level: _____

Math Skills: Basic (addition/subtraction) Moderate (multiply/divide) High (high school level)

Writing Skills: Basic (write name) Moderate (simple sentences) High (detailed paragraphs)

Can you tell time? Yes No

WORK EXPERIENCE AND SOFT SKILLS

Please tell us about any work experience you may have. Please include:

- 1) Where you worked 2) Your job title 3) How long you worked there

Are you currently working? Yes No If, "yes" how many hours per week? _____

Name of employer: _____ Job Title: _____

Are you able to take direction? Yes No

Are you able to follow direction? Yes No

Are you able to speak? Yes No

Are you able to hear? Yes No

FOOD SERVICE EXPERIENCE

Do you have experience cooking independently? Yes No

If yes, what foods: _____

Please circle all equipment you have successfully used independently:

Sharp knife Dishwasher Coffee pot Stove

Oven Mixing spoon Cheese grater Kitchen sheers

Do you have food allergies? Yes No

If yes, what foods? _____

PERSONAL INFORMATION

What is your disability? _____

Do you have seizures? Yes No

Do you take medication? Yes No

If yes, please list all medications: _____

Do you have any behavior problems? Yes No

Do you have any physical limitations that would limit your participation? ___ Yes ___ No

If yes, please describe and list specific accommodations needed _____

How will you get to class every day? _____

What do you hope to accomplish by completing the training? _____

How did you hear about this class?: _____

POLICY & PAYMENT

Session:

Fee:

Cost:

Days _____ Time _____

\$150 x

Make a donation? Your tax-deductible donation will help us to further our mission of enriching the lives of people with disabilities.

+ _____

TOTAL =

- Please mail or drop-off form to the address below.
EPIC
Attn. Rachel Grys-Doan
1913 W. Townline Rd.
Peoria, IL 61615
- This form must be completed in its entirety in order for student to be registered.
- Please notify us of any cancellations at least one week in advance.
- If class does not have at least 3 students registered with payment received at least one business day before the start of class the class will be cancelled and refunds will be given
- No refunds will be given after class has begun.
- Student will be dropped from the if payment is not received at least one business day before the first night of class
- If MORE than 2 classes are missed the student will forfeit the opportunity to receive a certificate.
- EPIC reserves the right to drop a student from the class without refund at any time due to behavioral or other issues that affect our ability to effectively serve the student and/or class.

We consider all applicants without regard to race, color, religion, gender, ancestry, marital status, veteran status, national origin, sexual orientation, age or disability and any other legally protected status.

During the course of the class field trips will be scheduled. By signing the agreement below you are allowing EPIC to transport the student to and from the destination of the field trip.

AGREEMENT AND SIGNATURE

Name (printed)	
Signature	
Date	