

Camp Kum-Ba-Ya COOK Application

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Name: _____

Food Prep Skills:

Have you cooked for large groups? Yes No How many at one time _____

Have you placed food orders with a supplier? Yes No

Have you taken the Food Handlers class (as provided by Marshall Co. Health Dept.)?
Yes No (will need a copy of your certification.)

Would you be interested in Cooking for some of our facility use groups? Yes No
(additional compensation)

References: Please provide 4 references.

Name: _____

Address: _____

City, State, Zip _____

Email: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip _____

Email: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip _____

Email: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip _____

Email: _____ Phone: _____

Please complete and mail to: CCK-West Area, P O Box 1332, Madisonville, KY 42431

Camp Kum-Ba-Ya COOK Application

Please PRINT the information and forward to
CCK-West Area, P O Box 1332, Madisonville, KY 42431.

Our Summer program runs from June 7th thru July 7th and some Sundays are necessary.
A Background Check is required. Please provide your Social Security Number.

Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Cell Phone: _____

Email: _____

Maiden Name: _____ Social Security #: _____

Work Experience:

Date: _____ to _____

Company: _____

Address: _____

Supervisor Name: _____

Phone: _____ Email: _____

Date: _____ to _____

Company: _____

Address: _____

Supervisor Name: _____

Phone: _____ Email: _____

Have you worked with children of all ages? Yes No When _____

In what environment? As paid staff Yes No or Volunteer Yes
No?

What do you think of children? _____
