

Vegan Culinary Academy Application

Please Print

Name _____ Date _____
Last First Middle Initial

Home Address _____
Street and Number City

State Country Email: _____

Mailing Address _____
Box Number City State Country

Home Telephone _____ Cell Phone _____

Highest Degree/Grade Completed _____ Year _____ Birth Date _____

Name of Last School Attended _____

Attached is a copy of my current Food Safety Certificate from _____

Attached is a signed, Head and Shoulders photo of myself _____

Fill in the applicable blanks:

I am applying for the Vegan Culinary Academy Apprenticeship _____ and wish to start on the following date: _____. The Vegan Restaurant where I will fulfill 1000 hours of work is: _____ located at _____

_____. The chef supervising me is: _____

His/Her work phone is _____, cell phone is _____,

and email is _____. The chef has been given the Participating Chef

Information Packet. _____ A signed responsibility agreement is enclosed. _____

I am applying for Vegan Cuisine for the Commercial Kitchen ONLY _____

Payment Options: Enclosed is a check for _____ Please charge my credit card for _____.

Credit Card Company _____ Number on card _____

Name on Card _____ 3-Digit ID Number on Back _____

I understand that the above amount is a non-refundable fee/registration amount. I agree to pay by check____, credit card____, the full amount____, monthly payment _____, within 30 days of receiving my books, tools, and if applicable, uniforms.

Applicant Signature Date _____

Mail to: Vegan Culinary Academy • P.O. Box 294 • Angwin, CA. 94508

