



PERSONAL INFORMATION

1. Full Name:

2. Date of Birth:

3. Gender:

4. Contact Number:

5. Email Address:

6. College/University Name:

7. Year of Study

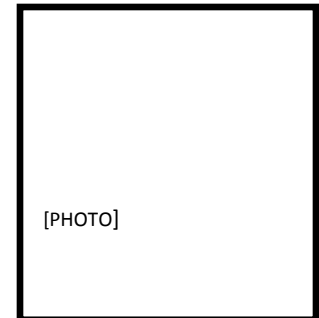
8. Proficient Languages

9. What qualities or skills do you possess that make you a suitable candidate for this role?

10. References: (e.g., teacher, employer, mentor)

11. Additional Information:

12. Do you have any dietary restrictions or allergies that we should be aware of?



13. Is there any other information you would like to share?

Declaration:

By submitting this form, I acknowledge that the information provided is accurate and complete to the best of my knowledge. I understand that any false statement may disqualify me from joining the College Food Safety Squad.

SIGNATURE

DATE