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[training@kitchensforgood.org](mailto:training@kitchensforgood.org)

Client/Applicant Name: \_\_\_\_\_

**PROJECT LAUNCH CULINARY APPRENTICESHIP PROGRAM AGENCY REFERRAL FORM**

Please fill out and submit this form to [training@kitchensforgood.org](mailto:training@kitchensforgood.org) or drop it off at 404 Euclid Avenue, San Diego CA 92114. You can also access the PDF form or complete the form online at <http://kitchensforgood.org/culinary-job-training/>.

If you have not done so already, please have your client complete the Project Launch Culinary Apprenticeship Program Application. **The upcoming application due dates and class start dates can be found on the current flyer or on the organization website.** Applicants can view program requirements and complete their application online at <http://kitchensforgood.org/culinary-job-training/>. Hard copy applications can be submitted to the email or physical address provided above. Clients cannot be considered for the program until the application is received.

Once we receive your client's application, we will review it and invite selected candidates for interviews prior to the class start date. Please note that submitting an application does not guarantee an interview or a spot in the apprenticeship program. If the candidate successfully completes the interview, he/she will be scheduled to do a trial shift in our kitchen. During the trial kitchen shift, candidates will be evaluated on punctuality, ability to follow instructions, ability to focus, team-work, and attitude. Program applicants who successfully complete the kitchen trial will be asked to complete an employment application and an authorization to conduct a criminal background check.

All information in this form will be used by Kitchens for Good staff to better understand each potential trainee's abilities, situation, and needs. Information will be kept confidential. **Project Launch is an equal opportunity employer/program, auxiliary aids and services are available upon request to individuals with disabilities.**

Fields marked with an asterisk (\*) are required.

**REFERRER AGENCY INFORMATION**

|                       |                    |
|-----------------------|--------------------|
| *First Name _____     | *Last Name _____   |
| *Title _____          | *Agency _____      |
| *Email _____          |                    |
| *Work Phone _____     | Mobile Phone _____ |
| *Street Address _____ | *City _____        |
| *State _____          | *Zip Code _____    |

**GENERAL REFERRAL AND CLIENT INFORMATION**

|                          |                             |
|--------------------------|-----------------------------|
| *Referral Date _____     | *Referral for Class # _____ |
| *Client First Name _____ | Client Phone _____          |
| *Client Last Name _____  | Client Email _____          |

**REFERRER AND CLIENT RELATIONSHIP INFORMATION**

\*Reason for Referral \_\_\_\_\_  
 \_\_\_\_\_

\*Why is the Client Under Your Care \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How Long Have You Been Working Together \_\_\_\_\_  
 \_\_\_\_\_

\*How Often Do You Communicate \_\_\_\_\_  
 \_\_\_\_\_

\*How Often Do You Meet \_\_\_\_\_  
 \_\_\_\_\_

