

Resource Person - Personal Information Record

GFRAP is looking for people energetic about working with restaurants on the GF Restaurant Awareness Program. Knowing more about you will help us to work positively together.

GFRAP™ and GIG® do not discriminate based on sex, gender, religion, ethnic, or affiliation with other organizations. GFRAP and GIG will work with individuals to provide training in order to successfully perform this job. GIG reserves the right to find alternative ways for persons to participate in this program, if they cannot fulfill the responsibilities of this job as outlined.

Please take time to complete this form and return it to GFRAP Administration.

Contact Information:

Name: _____ Email: _____

Address: (required to send materials to you)

Street: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____ (cell) _____

Please provide answers to the following questions:

What national celiac organizations are you a member?	GIG	CSA	CDF	Other: Comments:
Will you be working with GFRAP through a local or regional support group?	Yes	No		If yes, which group?
Have you participated in the GFRAP program in the past?	Yes	No		If yes, in what capacity?
Have you participated in other restaurant programs in the past?	Yes	No		If yes, in which one(s)? In what capacity?
I have or support someone in my family with celiac disease or gluten intolerance?	Yes	No		Comments:

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Please tell us your opinion on the following:

	Strongly Agree	Agree	Strongly Disagree
I finding eating out is an enjoyable experience and try many items that are determined to be gluten free.			
I am able to talk with the chef, manager or wait staff to help them modify a dish to make it gluten free.			
I enjoy talking with others, even when their opinions different from mine.			
I respect the opinions of others and will talk with them in a way to present what I believe to be accurate information.			
If my personal knowledge is different from what the GFRAP manual states, I will share my personal information in place of the information in the GFRAP manual.			
I am willing to use the GFRAP manual and use it as the basis for talking with restaurant owners			
I like to think out of the box.			
I like the role of supporting rather than directing a program.			
I am willing to spread awareness about the GFRAP program.			
I determine success by the end-results, not by the positive and negative steps along the way.			
I like to work as a team member.			
I can approach strangers to discuss important points necessary to make a sale.			
I can offer alternative suggestions in a non-judgmental way.			
I am generally a happy person who enjoys getting to know people.			

Thank you for your interest in GFRAP and being an integral part of its success.

Please send this form to:

GFRAP at GFRAP@comcast.net;

Or Fax to: 253-833-6675;

Or mail to: GFRAP, 31214 – 124 Ave SE, Auburn WA 98092