



PARTICIPANT APPLICATION
“Culinary Weightloss Show” (Working Title)

Use dark colored ink.

Please write only on the printed side of the paper, but feel free to attach additional sheets if necessary.

ELIGIBILITY REQUIREMENTS

- **MUST BE A LEGAL U.S. RESIDENT.**
- **MUST BE 18 YEARS OF AGE OR OLDER.**

Full Legal Name & Nickname (if applicable): ‘

Current Address & Current city (no PO Box):

Hometown City – city you were raised:

Home number & work number:

Cell number (circle best number to reach you)

Email: (personal&/or work)

WEBSITE: (personal &/or business)

TWITTER:

SKYPE NAME:

FACEBOOK :(or how we can find you on FB)

Legal Age (dob):

Gender: M F (circle one)

Marital Status (*Circle all that apply*): Single Married Divorced Remarried Widowed
Engaged Separated Live with significant other Common-law Marriage

Spouse’s/Partners Occupation:

If spouse/ Parter is in food business – does he/she struggle with weight?

Children (List names and ages)

I am a legal resident of the United States: Yes _No _

**ANY OTHER FAMILY MEMBERS IN THE FOOD BUSINESS (Children, parents, siblings, etc...)
Describe their jobs/occupation**

Your highest Level of Education:

School(s) you attended from highschool on (include technical schools, trade schools, culinary schools, trade certificates, grad schools, etc...)

Height:

Weight:

HOW MUCH WEIGHT DO YOU NEED TO LOSE?

**WHY IS NOW THE TIME IN YOUR LIFE YOU WANT TO MAKE THIS
TREMENDOUS CHANGE?**

**WHEN WAS YOUR “AHA” MOMENT – I AM OVERWEIGHT! DESCRIBE
Was their an embarrassing moment attached to the AHA moment?**

WHY DO YOU FEEL THIS OPPORTUNITY ON THE CULINARY WEIGHTLOSS TV SHOW WILL BE A GREAT PLATFORM FOR YOU TO LOSE THE WEIGHT? (Are you desperate? Do you want to set an example for others? There is no wrong answer)

WHAT IS AT STAKE IF YOU DON'T TAKE CONTROL OF YOUR HEALTH IMMEDIATELY? Why do you deserve this opportunity?

WHAT IS YOUR CURRENT & OR PAST OCCUPATION(S) IN THE FOOD BUSINESS: DESCRIBE IN DETAIL FROM CHILDHOOD to present?

HOW LONG HAVE YOU BEEN IN THE FOOD BUSINESS?

(include details- even if you took a hiatus from the food business or are currently out of the food business – tell us the details OR perhaps you were raised around food but didn't work in the business until you were an adult-tell us the details)

Perhaps you are an Executive chef? Perhaps you moved up in the ranks? Perhaps you were a pizza delivery person and now a restaurant owner? Perhaps you grew up on a ranch raising cattle? Perhaps you are a truck driver for a seafood/produce company?

DOES YOUR DAY REVOLVE AROUND FOOD? DESCRIBE

DO YOU EAT ON THE GO OR EAT ALL DAY LONG?

LIST EVERYTHING YOU EAT ON A TYPICAL DAY

Describe proudest accomplishments in the Food Business if any– personally or professionally (Ex. you won a cooking/baking contest as a child, you have a food blog, recipe site, opened a deli/restaurant, have a chain of take-outs, you were on a cooking show, you cooked for a well-known chef, you own a farm to table restaurant etc..)

PLEASE DESCRIBE YOUR JOB RESPONSIBILITY IN DETAIL AND THE HOURS YOU WORK AND HOW FAR YOUR JOB IS FROM YOUR HOME

WHEN WAS THE LAST TIME YOU WERE AT YOUR IDEAL WEIGHT? Did you lose weight alone or with help? Trainers? Diets? Surgery? Bands? Medication? Therapy? How long did the weightloss take?

LIST ALL THE DIETS YOU CAN REMEMBER TRYING:

WHEN DID YOU START NEGLECTING YOUR HEALTH? What have you been focusing on? Everyone else? Was it gradual or sudden? Describe? Why do you think you struggle with weight? Was it emotional? Was it due to sickness in the family? Did life just get in the way? Is eating an emotional tradition in the family? Did you have good food role models ?DETAILS

Do you have any other family members who struggle with weight? Who? Relation to you? Do they have diabetes? High blood pressure? Describe

Does your weight affect ALL aspects of your life? Describe? (even the simplest things) walking outside? Playing with children? Walking up steps? Carrying things for your job? Working long hours? Sleeping? Spending time with family?

Does your weight affect your goals and dreams? Has weight held you back?

Does the public treat you differently because you are overweight?

If you were not in the food business do you think you would still be struggling with weight? Describe?

Describe a typical work day for you and a typical day off for you? (Include your responsibilities, work, family, kids, FOOD intake & living situation). Include how it might be different if you were at your ideal weight

WHAT IS SOMETHING ABOUT YOU THAT MOST PEOPLE DON'T KNOW or we might find interesting? Hobbies? Interests? Accolades? Won beauty pageants? You were a star athlete? You collect something? You have travelled around the world? You were class president? You went to Law school? You speak five languages? You went to the Olympics? You have a passion for reading?

WHAT ARE THE THINGS YOU DON'T GET TO EXPERIENCE BECAUSE YOUR WEIGHT HOLDS YOU BACK? Are there any HOBBIES OR SPORTS THAT YOU NEVER CONSIDERED BECAUSE YOU HAVE ALWAYS BEEN OVERWEIGHT? (surfing? Kite surfing? Swimming? Rockclimbing? Para-sailing? Bungee jumping? Running a marathon? Entering a fitness contest?)

Do you volunteer your time or are you passionate about giving back to any specific organizations? Or if you had the time, who would you donate your time and money to and why?

IF YOU WAKE UP TOMORROW AND YOU ARE AT YOUR IDEAL WEIGHT....TELL US, YOUR "THIN" PERSON BUCKET LIST OF ALL THE THINGS YOU WILL BE DOING - INCLUDE AT LEAST 6

IF I LOSE WEIGHT, I WILL.....

Have you missed family functions, business events or fun excursions with your friends because of weight or perhaps just hid in the background?

DO YOU BELIEVE you you been under estimated in job, personal life, achievements or activities because of your weight?

**WHAT ARE YOUR GREATEST ACCOMPLISHMENTS IN YOUR LIFE ?
(NOT YOUR JOB)**

ARE THERE ANY PHOTOS THAT YOU WOULD WANT RETAKEN IF YOU WERE AT YOUR IDEAL WEIGHT FROM IMPORTANT EVENTS IN YOUR LIFE? (wedding, family events, reunions)?

**WHAT DO YOU DO IN YOUR FREE TIME IF YOU HAVE A FEW HOURS OR A FEW DAYS OFF?
What would you do if you were at your ideal weight and you had free time?**

WHAT IS YOUR GUILTY PLEASURE FOOD? HOW OFTEN DO YOU EAT IT AND WHEN?

GIVE US A DAILY EXAMPLE OF EVERYTHING YOU EAT FROM MORNING UNTIL EVENING. Do you eat differently at home and at work? Describe

LIST 3 POSITIVE ADJECTIVES TO DESCRIBE YOU:

DID YOU OVERCOMPENSATE in your life with your personality because of your weight? Describe

Do ppl tell you “oh my gosh” you have such a pretty face but..... Describe

WHO WERE YOU IN HIGHSCHOOL? Jock? Cheerleader? Quiet? In the band? On the student council?

Do you smoke? How much? How long have you been smoking?

Do you drink? How much? How long have you been drinking?

Have you had plastic surgery? If so, Describe

HAVE YOU EVER BEEN TREATED FOR ANY SERIOUS PHYSICAL OR MENTAL ILLNESS(ES) OR HAD ANY SERIOUS INJURIES? If so Describe

ARE YOU ON ANY PRESCRIPTION MEDICATION THAT YOU TAKE ON A REGULAR BASIS? If so, What and for how long?

Do you have any personal restrictions if chosen to be on the show? If so Describe

Do you have any allergies or medical conditions? If so Describe

Do you have any physical conditions or special needs that we should know about? If so Describe

Have you ever been arrested? If so describe even if you were released and not charged

Have you ever had a restraining order against you? Describe when and why?

Have you ever been CHARGED with a crime (misdemeanor or felony)? Describe We are not referring to parking tickets or speeding tickets

Do you have any friends or family applying to be on this show? Their names? Relationship to you?

Have you ever been party to a lawsuit? Details

If chosen to be a participant on “THE CULINARY WEIGHTLOSS SHOW” (working title) is there any person/persons part of your life that you would prefer not to share on camera (Co-workers, Boss, Family members, Friends, organizations that you attend regularly?)Why?

List 3 Great friends in the US that we can call as character references who know you for a long time. Include Name and Tel and relationship to you. Please include at least one that is family and one that is not family

Please Email application & Photos to:
Culinaryweightlosscasting@gmail.com

PLEASE INCLUDE AT LEAST ONE FULL LENGTH & AT LEAST ONE CLOSE UP RECENT PHOTO
PLEASE INCLUDE ONE PHOTO FROM YOUR PAST AT YOUR IDEAL WEIGHT IF YOU HAVE ANY

•Producers reserves the right to modify or add to these eligibility requirements