

**PERSONAL INFORMATION**

|                                      |  |
|--------------------------------------|--|
| <b>NAME:</b>                         |  |
| <b>FARM NAME:</b>                    |  |
| <b>MAILING ADDRESS:</b>              |  |
| <b>COUNTY:</b>                       |  |
| <b>PHONE:</b>                        |  |
| <b>EMAIL:</b>                        |  |
| <b>WEBSITE:</b>                      |  |
| <b>STATUS OF FARM BUSINESS:</b>      | <input type="checkbox"/> Self Employed <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership<br><input type="checkbox"/> Incorporated <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit   |
| <b>YOUR ROLE:</b>                    | (Please explain your role within the farm/business/non-profit.)  |
| <b>DATE OF BIRTH:</b>                |  |
| <b>GENDER:</b>                       | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Other  |
| <b>ARE YOU A VETERAN?</b>            | <input type="checkbox"/> Yes <input type="checkbox"/> No      Branch:      Years of Service:   |
| <b>DISCHARGE STATUS?</b>             |  |
| <b>RACE/ETHNICITY:</b>               | <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian<br><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Indigenous/Native American <input type="checkbox"/> Other <input type="checkbox"/> No Answer |
| <b>(PLEASE CHECK ALL THAT APPLY)</b> |  |
| <b>IDENTIFY AS?</b>                  | <input type="checkbox"/> US Born <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Other  |
| <b>NATIVE LANGUAGE?</b>              | (Please list any languages spoken and/or what is preferred.)   |
| <b>LEVELS OF EDUCATION:</b>          | <input type="checkbox"/> High School/Equivalent <input type="checkbox"/> 2 Year Associates <input type="checkbox"/> 4 Year Undergrad <input type="checkbox"/> Masters or Doctorate<br><input type="checkbox"/> Tech or Trade School <input type="checkbox"/> Alternative (explain)   |
| <b>(PLEASE CHECK ALL THAT APPLY)</b> |  |
| <b>DEGREE OR SPECIALIZATION?</b>     |  |

\*Please be aware that the above information may be used for a background check.



**FARM & MENTORSHIP EXPERIENCE**

|   |  |
|---|--|
| <p>WHAT AGRICULTURAL EXPERIENCE DO YOU HAVE?</p>  |  |
| <p>ANY TEACHING OR MENTORSHIP EXPERIENCE?</p>   |  |
| <p>HOW MANY YEARS HAVE YOU BEEN FARMING? AND AT THIS LOCATION?</p>                        |  |
| <p>WHAT ARE YOU CURRENTLY FARMING OR WHAT ARE YOUR MAIN FARMING ENTERPRISES?</p>          |  |
| <p>PLEASE DESCRIBE HOW YOU MANAGE YOUR PRODUCTION SYSTEMS:</p>                            |  |
| <p>HOW DO YOU MARKET OR SELL YOUR PRODUCTS? OR ARE YOU GROWING FOR PERSONAL USE ONLY?</p> |  |
| <p>WHAT EQUIPMENT, FACILITIES, OR INFRASTRUCTURE DO YOU HAVE ON THE FARM?</p>             |  |
| <p>DO YOU HAVE BUSINESS/LIABILTY INSURANCE?</p>   |  |



**EXPECTATIONS**

|   |  |
|---|--|
| <p><b>WHY DO YOU WANT TO BE FARMER MENTOR?</b></p>  |  |
| <p><b>BEING A MENTOR TO AN INTERN IS A LONG-TERM COMMITMENT, ARE YOU OK WITH THIS?</b></p>                              | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/>Explain:</p> |
| <p><b>ARE YOU WILLING TO ATTEND A MENTORSHIP TRAINING CLASS?</b></p>  | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/>Explain:</p> |
| <p><b>EXPLAIN ANY RULES OR IMPORTANT INFORMATION ABOUT YOUR FARM THAT INTERN APPLICANTS NEED TO BE AWARE OF:</b></p>    |  |
| <p><b>ANYTHING THAT MAY LIMIT YOUR MENTORSHIP ABILITIES?</b></p>  |  |
| <p><b>HOW MANY HOURS PER DAY/WEEK WOULD YOU EXPECT AN INTERN TO BE ON THE FARM? ANY OTHER SPECIAL REQUIREMENTS?</b></p> |  |
| <p><b>ANY OTHER EXPECTATIONS?</b></p>   |  |



**REFERENCES**

Please provide two references that you feel are applicable to this program:

|                      |  |
|----------------------|--|
| NAME:                |  |
| ADDRESS:             |  |
| PHONE:               |  |
| EMAIL:               |  |
| RELATIONSHIP TO YOU: |  |
| NAME:                |  |
| ADDRESS:             |  |
| PHONE:               |  |
| EMAIL:               |  |
| RELATIONSHIP TO YOU: |  |

Thank you for taking the time to fill out an application to be a mentor for the **CULTIVATING SUCCESS™ On-Farm Internship Program**. We appreciate your interest and willingness to support new and beginning veteran farmers by becoming an on-farm mentor and host farm. Please direct any and all inquiries, questions, and completed application materials to:

**Laura Rýser**  
Assistant Professor, Food Systems & Community Development  
Kitsap, Jefferson, Clallam Counties  
Washington State University Extension  
345 6th Street, Suite 550  
Bremerton, WA 98337  
(360) 337-7157 ext. #6274

Please sign/date:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

