



**PERSONAL INFORMATION**

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



**FARM & MENTORSHIP EXPERIENCE**

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



**EXPECTATIONS**

<p>WHY DO YOU WANT TO BE A FARMER MENTOR?</p>	
<p>BEING A PART OF THE FARM MENTOR PROGRAM IS A MINIMUM OF 12 MONTH COMMITMENT. ARE YOU OKAY WITH THIS?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>Explain:</p>
<p>ANYTHING THAT MAY LIMIT YOUR MENTORSHIP ABILITIES?</p>	
<p>ANY OTHER EXPECTATIONS?</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:	



**ACKNOWLEDGMENT & CERTIFICATION**

By applying to be a participant of the Kitsap Farm Mentor Program, I am fully aware that I will be expected to fulfill the Farm Mentor Program requirements to the best of my abilities and that my passion and interest in the program is strong and sincere. I am also aware that applying *does not guarantee* me a spot in the Program and individuals will be selected upon experience, strength of application and program interest.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental, or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.

**PLEASE SIGN / DATE**

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

Thank you for taking the time to fill out an application to be a mentor for the KITSAP FARM MENTORSHIP PROGRAM. We appreciate your interest and willingness to support new farmers.

Please direct any and all inquiries, questions, and completed application materials to:

**Jess Sappington**

Food Systems Program Coordinator, WSU Kitsap County Extension

345 6<sup>th</sup> St. Suite 550, Bremerton, WA 98337

Email: [jess.sappington@wsu.edu](mailto:jess.sappington@wsu.edu) / Phone: (360) 228-7308