



**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>			
GENDER:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary	
ARE YOU A VETERAN?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch:	Years of Service:
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"/> Prefer Not to Answer
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**

<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>	

# Kitsap Farm Mentor Program - Farm Mentor Application



DO YOU HAVE  
BUSINESS/LIABILITY  
INSURANCE?

### EXPECTATIONS

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

### 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.

I acknowledge that I have reviewed the [Kitsap Farm Mentor Program Overview](#) document and that I meet all the requested and required qualifications and skills to be a Farm Mentor.

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