



WSU Food Systems Team Application

Name: _____
First Name M.I. Last Name

Address: _____
Street City State Zip

Email: _____

Phone: () Cell: ()

Current Employer: _____

Position: _____ Work Phone: ()

Business Address: _____

Professional Reference (name, email, phone): _____

Food Systems Team Member Responsibilities & Experience

Please place a check in each box representing your area[s] of expertise relating to the objective areas framing our food systems work:

- Sustainable Production Equitable Access Waste & Energy Reduction.
- Processing & Distribution Policy & Regulation Economic Benefits
- Farmland & Resource Conservation Other: _____

Briefly describe how your current professional responsibilities relate to the above objectives.

Briefly describe any additional food systems experience you have.



Food Systems Team Participation

Describe what skills, knowledge, connections or other contributions you plan to bring to the WSU Food Systems Team.

Attendance at the annual meeting is expected of WSU Food Systems Team members. Will you be able to attend this meeting each year? Yes No

What percentage of your professional time are you willing to commit to the Food Systems Team? _____

Are you willing to serve on the FSP Advisory (non-WSU) or Steering (WSU) Committees

WSU EMPLOYEES	
Dept./Unit:	Supervisor:
How many FTEs can you commit to Food Systems Program-related work?	
Does your current appointment include small farms or community food systems duties?	

Acknowledgment and Consent

By signing below, you acknowledge that you have reviewed the WSU Food Systems Team Roles, Responsibilities, and Expectations document and, upon approval of your application, agree to be accountable to the standards and expectations contained therein, including future amendments, as a condition of continued participation on the WSU FST. Further, by signing below you consent to the information included in this application being made available to the WSU FSP Steering Committee, WSU administration, and the public, as a matter of public record. By signing below, your supervisor acknowledges and approves your participation on the WSU FST, the allocation of your time to the WSU FSP, and [for WSU employees] agrees to review your contributions to the WSU FSP as part of your annual review process.

Applicant Signature Date

Supervisor Signature (if applicable) Date