

Membership Application

Introduction

Thank You for your interest in serving as a member on the Shawnee County Farm and Food Advisory Council (SCFFAC). Please complete the following questions. Applications will be reviewed by the SCFFAC selection committee, and you will be notified of their decision.

* Required questions, must be answered

Your C	ontact Information:	
1. Your l	Name: *	
2. Email	Address:*	
3. Resid	ential Street Address:*	
4. City/1	own of Residence:*	
5. Zip Co	ode of Residence:*	
6. Work	force Status (mark only one choice):*	
	Employed (including self-employed)	
	Retired	
	Not in workforce	
	Youth/Student	
Busine	ess Affiliation	
Please conganiza		mployed or otherwise affiliated with a business or
7. Name	of Business or Organization:	
8. Busin	ess Address:	
9. Busin	ness Town/ City:	10. Zin Code:

11. Does your business or organization serve Shawnee County? Yes No
12. Your preferred mailing address: (check only one)
Demographic Information This information will be used to help us ensure diversity among the selected SCFFAC membership.
13. Your Gender: *
14. Your Age:* (select only one choice) Under 18 years 18 – 25 years 26 – 35 years 36-55 years 56-75 years Over 75 years Over 75 years Black or African American Caucasian/ White Hispanic or Latino American Indian or Alaska Native Native Hawaiian or other Pacific Islander Other: Prefer not to answer
Your Interests, Skills and Expertise Please tell us more about your interests in serving on the SCFFAC and what strengths, experience or expertise you could bring to the group. (Please limit your responses to the essay questions to no more than 250 words on each question.)
16. In what sector(s)/ area(s) of the food system do you have expertise or experience? * (Check all that apply)
□ Food producer/ grower/ farmer□ Agricultural organization

□ Food manufacturing

	Food distribution
	Food retail (grocery, etc.)
	Restaurants or food service
	School or other institution
	Food Safety
	Hunger relief
	Waste management
	Government official or policymaker
	Community organization(s)
	Faith-based organization(s)
	Economic development
	Health professional
	Community health organization
	Advocacy
	Environmental protection or sustainability
	Other:
	ve you read, and do you understand the purpose and objectives of the SCFFAC, and do you
_	to fulfill all membership requirements and expectations outlined in the introductory
materi	ais?"
	Yes No

Your Interests, Skills & Expertise

Please tell us more about your interests in serving on the SCFFAC and what strengths, experience or expertise you could bring to the group. (*Please limit your responses to no more than 250 words on each question. Attach additional sheet if needed*)

18. Why would you like to serve as a member of the Shawnee County Farm & Food Advisory Council?*

19. Why do you believe that you would make a good SCFFAC members? Please describe the skills, professional and volunteer experience, and other strengths that you would bring to the council.*
20. Please list all boards, councils, and other volunteer programs with which you are currently serving.*
21. Is there anything else that the selection committee will find helpful to know about you?
Thank You
Thank you for your interest, and for taking the time to complete this application. You will be notified

when the selection committee has made their final decisions.