



### Application

This Information will be reviewed by a board for approval. Please attach your DD214 to this application for review. If you currently have a business and/or marketing plan please provide with application. Please mark X in the box below for the services that you are interest in.

Level of Service	Service	Veteran/Military Spouse (Mark X in box below)
1	Register for NBFRD workshops/Future Training opportunities	<input type="checkbox"/>
2	Case management/local USDA resource assistance/land acquisition/networking/OT therapy plan/credit and lending information.	<input type="checkbox"/>
3	Training Plan developed/Business plan review	<input type="checkbox"/>
4	4 week intern/training/scholarship	<input type="checkbox"/>
5	3 month NBFRD Fellowship/Training held in Jacksonville, FL	<input type="checkbox"/>

## **Personal Information:**

Salutation: Choose an item.

First Name: Click here to enter text.

Last Name: Click here to enter text.

Email Address: Click here to enter text.

Address Line 1: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Country: Click here to enter text.

Phone Number: Click here to enter text.

Cell Phone: Click here to enter text.

Driver License Number: (If applying for level 5 service only) Click here to enter text.

Social Security (If applying for level 5 service only): Click here to enter text.

Date of Birth: Click here to enter a date.

Married: Yes  No

Children: Yes  No

Names and Ages: Click here to enter text.

## **Service Information:**

Branch of Service: Army

Navy

Marines

Air force

Coast Guard

Military Spouse

Service Status: Click here to enter text.

Rank: Click here to enter text. Type of Discharge: Click here to enter text.

Service Start Date: Click here to enter a date.

Service End Date: Click here to enter a date.

Injury Date: (If applicable) Click here to enter a date.

Type of Injury: Click here to enter text.

VA Rating: Click here to enter text.

NOTE: Occupational Therapy Plan can be developed based on your needs

## **Farming background**

**(Please provide as much detail as possible to help us better serve you)**

Are you a New Beginning Veteran Farmer? Yes  No

Have you worked/trained/mentors with farmers/ranchers in the past? Yes  No

What is your level of experience?

[Click here to enter text.](#)

What were your duties/job?

[Click here to enter text.](#)

Have you applied for lending? Where you accepted or turned down?

[Click here to enter text.](#)

Please explain circumstances [Click here to enter text.](#)

Are you currently employed? Yes  No

Household income

- 1) \$0 \_\_\_\_\_ \$30,000
- 2) \$30,000 \_\_\_\_\_ \$60,000
- 3) \$60,000 \_\_\_\_\_ \$100,000
- 4) \$100,000+

Have your started/or developed a Business and/or Marketing plan on how you will run your operation and market your products?

[Click here to enter text.](#)

## **Work History**

Organization: [Click here to enter text.](#)

Location: [Click here to enter text.](#)

Date: [Click here to enter a date.](#) To [Click here to enter a date.](#)

Description: [Click here to enter text.](#)

Duties: [Click here to enter text.](#)

## **Education and Training**

Please list any agriculture training certification that demonstrates experience

[Click here to enter text.](#)

## **New Beginning Veteran Farmer Training**

Please list any skills/ leadership abilities that you have that you feel make you a great candidate for the Veterans Farm new beginning farmer training program. Please be as detailed as possible.

[Click here to enter text.](#)

Please list any areas in which you have struggled as a leader in your past work experiences.

[Click here to enter text.](#)

### **(Only if applying for level 5 services)**

How do you feel the 3 month training program will benefit you and your family?

[Click here to enter text.](#)

What do you hope to accomplish through your farm and agriculture training/case management and level of services with Veterans Farm? **(Please fill in with details)**

[Click here to enter text.](#)

Please list 3 goals you wish to accomplish through your training with Veterans Farm.

1) [Click here to enter text.](#)

2) [Click here to enter text.](#)

3) [Click here to enter text.](#)

Please list any special interest you have that apply to farming.

[Click here to enter text.](#)

Do you currently own or lease land that you are ready to put into production? Yes  NO

Please provide details [Click here to enter text.](#)

Information contained in this application will be used to conduct a background screen **(If you are selected as a level 5 candidate for service only)**. It will not be used for any other purpose other than review for approval.

For Quality Assurance purposes we may ask for your assistance in the future to answer questions about our level of service to you. We use this information to see how we can help improve upon our mission to help veterans. As a small organization we strive to work diligently on your behalf and to assist you to the best of our abilities by providing you direction, guidance and mentorship. You will be expected to conduct your own due diligence and follow through on the work plan provided. We do ask for your patience as depending on level of service it can take up to a couple of weeks before services begin.

We are proud that you have chosen this profession as we believe "Sustainable Agriculture Creates Sustainable Lives"

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