

Please select one

Internship _____

Mentorship _____



Hands-On Module Application

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Beginning Farmer Rancher Development Program

Developing the Next Generation of Sustainable Farmers in Georgia Grant



Name and Email Address	Name: _____ Email: _____
Address	
Contact	Phone: _____ E-mail: _____
Emergency Contact	Phone: _____ E-mail: _____
How much time can you commit to the Hands-On Module?	Part Time (20 hours +) _____ Full Time (30 hours +) _____ Other: _____
What is the current status of the business you want to develop with the Hands-On Module?	Planning stage _____ Start-up (in business less than a year) _____ Existing/Operating _____ Please describe: _____
What agricultural skills do you have?	Check all that apply: <input type="checkbox"/> Animal handling <input type="checkbox"/> Driving/backing a livestock trailer <input type="checkbox"/> Tractor operation <input type="checkbox"/> Feed mixing/designing diets <input type="checkbox"/> Making hay (mowing, raking and baling) <input type="checkbox"/> Building fences <input type="checkbox"/> Equipment maintenance <input type="checkbox"/> Plumbing/running water lines <input type="checkbox"/> Paperwork/record-keeping <input type="checkbox"/> Professional driving <input type="checkbox"/> Management/Supervision <input type="checkbox"/> Construction <input type="checkbox"/> Welding <input type="checkbox"/> Electrical repair <input type="checkbox"/> Product sales/marketing <input type="checkbox"/> Grew up on a livestock farm <input type="checkbox"/> Other: _____
Explain your interest in the Hands-On Module.	Start my own farm _____ Improve my own farm operation _____ Obtain a better job in agriculture _____ Obtain a better job outside of agriculture _____ Other reason – Specify: _____
Production interest (for placement purposes)	Goats: _____ Sheep: _____
How far are you willing to travel for this program?	

Do you have access to farm land? (circle one) Yes or No

If yes, circle all that apply: Own outright, own with mortgage payments, family farm owned by a group of family members, rent/lease from others

Number of acres: _____

Number and type (pasture, woods, etc.) of fenced acres: _____

Type of fencing: _____

Does the farm have an FSA farm number? Circle: Yes No or I don't know

Do you have or are you already managing livestock? (circle one) Yes/own Yes/manage or No

If yes, please list the species (sheep, goats, cattle, horses, etc.) and number of each.

Do you have access to farm equipment? (circle one) Yes or No

If yes, do you own, rent or are you borrowing? What type of equipment?

On a scale of 1 to 5, what is your ability/willingness to take on risk? (circle one) 1 2 3 4 5

OPTIONAL: Do you have access to working capital and/or credit? (circle one) Yes or No

Where/what are the markets for livestock (specifically sheep/goats) that you will use in your area?

[illegible][illegible]

What are you looking for in a hands-on experience? For example, if an internship, how many hours can you attend in an 8 month period; can you work on a regular basis or only as available for sporadic, scheduled events; are there specific times you cannot work; are there specific topical areas you already have expertise in that you do not want to work on; also, if a mentor is being requested, what do you expect from the mentor and when would you be able to host them to get their help, etc.?

Do you know of any producers in your area that you would like to work with or have as a mentor? Please provide names/contact information if you have it.

In what county is your farm and who is your County Cooperative Extension agent (include contact information)?

APPLICANT MUST SIGN AND DATE

I apply for participation in the Hands-On Module offered by the Journeyman Farmer Certificate Program (JFCP). I confirm that the information I have provided in this application is accurate and complete. If chosen as a JFCP Hands-On program participant, I will comply with all JFCP requirements, beyond enrollment, as specified by JFCP, including attendance and completing evaluations. I understand that JFCP regularly evaluates JFCP through reviewing participant performance and asking participants to complete surveys. I will participate in these surveys. I understand that JFCP will protect my information as required by applicable law. I understand and agree that survey and informational materials may be sent to the mailing address I have given above. I also understand that JFCP may film, photograph, and interview JFCP participants during the course of the Program. I will cooperate with these activities and I consent to the use of my image and voice by JFCP. I understand that all video, photographic, audio, written and other materials produced by JFCP will be the sole property of JFCP and may be made available by JFCP to third parties on its website, in its publications or through other media, as it may determine.

JFCP prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program.

Signature

Date

Upon notification of acceptance into the JFCP Hands-On internship/mentor program, participants will be required to sign a Release of Liability form and must abide by the program rules and Fort Valley State University guidelines for payment.

You may email this document to Dr. Niki Whitley at whitleyn@fvsu.edu or can mail it to:

Dr. Niki Whitley
Fort Valley State University
PO Box 4061
1005 State University Drive
Fort Valley, GA 31030

If you have any questions or concerns, you may contact Dr. Whitley at her email or 478-825-6577.