

# HEROIC FOOD

## Farmer Training

### TRAINEE APPLICATION

#### Personal Information

Name:		Date of Birth:	
Current Address:	City:	State:	ZIP:
Permanent Address (if different from current):	City:	State:	ZIP:
Email:	Phone:	Best time to call:	
Current position (school, employment, or seeking employment):			
Marital Status:	Do you have children or other dependents?		
How did you hear about Heroic Food?			

#### Education & Training

Please give names, addresses and dates of schools attended, courses taken or any other training, beginning with your high-school.

Name of Highschool	Location (City & State)	Dates Attended
Did you receive a diploma?	If you did not receive a diploma, did you receive a GED?	

Name of School or Program	Location (City & State)	Dates Attended
Subjects Studied	Degrees or Certificates Obtained (if any)	

Name of School or Program	Location (City & State)	Dates Attended
Subjects Studied	Degrees or Certificates Obtained (if any)	

Please list any other skills that you have learned through work or from friends or that you have taught yourself:

### Military Background

Dates of Service	Branch of Service	Job Specialty (MOS, rating, occupation)
<p>While serving, were you individually responsible and accountable for commanding or supervising personnel? Were you individually responsible and accountable for equipment and/or supplies (besides your own)? Please describe. (Your answer to these questions will help mentor-farmers make on-farm training assignments.)</p>		

### Other Work History

Please list any non-military employment, beginning with the most recent work experience.

Name of Employer	Employer's Address	City/State/Zip
Is it ok to contact this employer?	Employer's Email or Phone	Dates of Employment
Position Title	Job Description	
Please explain why you left this job:		

Name of Employer	Employer's Address	City/State/Zip
Is it ok to contact this employer?	Employer's Email or Phone	Dates of Employment
Position Title	Job Description	
Please explain why you left this job:		

During your employments, were you ever disciplined for infraction of rules or work agreement?

Farming is physically rigorous work. By initialing each box below, you acknowledge your understanding that these are essential functions or requirements of this training program.

- Lifting & carrying weights of 50 lbs on a regular basis.
- Working out of doors for long periods of time in hot, cold or wet weather.
- Bending or squatting for long periods of time.

## Interests & Goals

Please describe your background or experience (if any) in the following: farming, sustainability, food preparation / distribution, construction, vehicle maintenance/repair.

Please indicate your interest in the following:	Not very interested	Somewhat interested	Very interested	Don't know
Growing vegetables & herbs				
Growing tree fruits & nuts				
Berry crops				
Raising cows (meat & dairy)				
Raising sheep or goats (meat, dairy or wool)				
Raising pigs				
Raising chickens				
Beekeeping				
Greenhouse production				
Organic / ecological growing methods				
Tree syrupping				
Commercial food preparation:				
jams & sauces				
cheese making				
butchering/sausage making				
pickling				
beer and wine production				
other (specify)				
Growing flowers and ornamentals (horticulture)				
Sustainable energy (solar, etc.)				
Are there any other farm or food skills you would like to acquire or explore?				
Is there anything else that you would like to tell us about your interests, goals or special needs?				

## Other Information

Would you require housing for family members in order to participate in the program? (Please specify: spouse, children, other dependents.)

Do you own a car or other vehicle?

## References

Please provide 3 references. At least two must be persons who were your supervisor or superior in military or civilian work.

#1: Name of Reference	Address	City/State/Zip
Organization/Company	Email	Phone
Position/Title	In what capacity did you know this person?	

#1: Name of Reference	Address	City/State/Zip
Organization/Company	Email	Phone
Position/Title	In what capacity did you know this person?	

#1: Name of Reference	Address	City/State/Zip
Organization/Company	Email	Phone
Position/Title	In what capacity did you know this person?	

**\*\*PLEASE PROVIDE A RECENT PHOTO OF YOURSELF OR MILITARY ID PHOTO\*\***

**\*\*PLEASE PROVIDE A PROOF OF SERVICE: PREFERABLY FORM DD FORM 214\*\***

*Thank you for your interest in attending the Heroic Food Training Program!*

**Submit by Email:**  
info@heroicfood.org

**Submit by Snail Mail:**  
Heroic Food  
Attn: Leora Barish  
240 West 21<sup>st</sup> Street #2B  
New York, NY 10011

**If you have any questions about this application, please call us at (518) 821-1504.**

*The mission of Heroic Food is to prepare and train military veterans for careers in sustainable farming, farmstead trade skills, and food entrepreneurship in a veteran-supportive environment.*