



Farm Intake & Assessment Form

1. Please list your full name and contact information here.

Name:

Farm Name:

Address:

Address 2:

City/Town:

State:

Zip Code:

Email Address:

Phone Numbers:

2. Alternate Contact Information:

3. How and when is the best way to get in touch with you?

4. Please describe your farm including type of enterprise(s), scale, markets, etc.

5. Describe your relevant farming and work experiences.



Written and designed by staff at the Northeast Organic Farming Association of Vermont. This product was developed with support from U.S. Department of Agriculture's Agricultural Marketing Service, National Organic Program

6. Are you?

Certified Organic

Transitioning to organic

Exploring organic practices

7. What are you seeking from this program?

8. What issues or opportunities do you plan to address with this assistance? What do you hope to work on with your farm mentor or advisor in this program?

9. Are you available and committed to work with a farm mentor or advisor over the next six months on this project or issue?

10. Please tell us any specific skills you are looking for in your mentor or farm advisor.

11. Are there farmers you know who you would like to have as a mentor or advisor? If so, please tell us who they are and why they would be a good match.

12. Please use this space to share any additional information that might be relevant.



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