

SEEDS Market Mentorship Project Application

Date _____

First and Last name _____ Birth Date _____

Address _____ City _____ Zip _____

Email _____ Cell PH _____ Home PH _____

How did you hear about our Market Mentorship Project? _____

Do you currently work? (Circle all that apply) Yes No Part Time Full Time

If yes, where? _____

Do you have a Driver's License? Yes No If no, what is your main mode of transportation?

Bus bike walk or other _____

Education Completed 8th grade High School Diploma GED 1+ years of College

If any, which supplemental services do you currently use? (Circle all applicable) EBT WIC SSI

DSHS Housing (Sec. 8) Salvation Army Food Bank(s) Seeds of Grace Resource Exchange

Esther's House Housing Hope Other: _____

Have you been convicted of a crime? Yes No (If yes, we will discuss it during your interview)

Are you currently taking any medication prescribed by a doctor for a physical condition that we should know about for your personal and a mentorship team's safety? Yes No (If yes, we will discuss during your interview)

Choose learning track preferences in order of choice: 1st, 2nd and/or 3rd (refer to SMMP tri-fold details)

MMP Farm-to-Market Track

- **Farm-to-Market Vendor** - Primary Days: Fridays & Saturdays _____
- **Farm-to-Market Intern** - Primary Days: Fridays & Saturdays _____

MMP Entrepreneur Track - Variable Mid-Week Schedule & Saturdays _____

MMP Product Development Track - Flexible Weekly Schedule _____

Personal Reference Name _____ Phone _____

Email _____ Relationship to you _____

If your application to the SMMP is accepted, what are some of your strengths and skills you would bring as a mentee in our program? _____

What are some of your weaknesses you would like to grow while in our SMMP program? _____

Why do you want to be part of this year's SEEDS Mentorship Project? _____

Applicant's Signature: _____ Date _____