



NC AGROMEDICINE INSTITUTE FARMER TO FARMER PEER FARMER VOLUNTEER APPLICATION

Please e-mail or mail all 7 pages of the completed application to:

Robin Tutor Marcom, Director

NC Agromedicine Institute • 1157 VOA Site C Road • Greenville, NC 27834

tutorr@ecu.edu

GENERAL INFORMATION *(please print)*

Name _____ Prefer to be called _____
(First) (Middle Initial) (Last)

Mailing Address _____
(Street, P.O. Box, Route, Apt #) (City) (State) (Zip)

Residence _____
(Physical location if different than mailing address)

How long have you resided at this address? _____

CONTACT INFORMATION

Phone: Daytime _____ Cell _____

Evening _____ Email _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

Emergency Contact: Name _____ Relationship _____

Phone _____ (Day) _____ (Evening)

Cell _____

List dates/times during the next year that you will NOT be available for volunteer service
(vacation, job, and other commitments).



EMPLOYMENT AND VOLUNTEER EXPERIENCE

CURRENT EMPLOYMENT STATUS *(please check one)*

☐ retired ☐ work full time ☐ work part time ☐ not employed for pay

Please complete all occupation and volunteer positions for the last 2 years (add pages if necessary.)

Current Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To

Please list three references, not related to you, who have known you for at least two years.

Name	Address, City, State, Zip	
Telephone Number Day _____ Evening _____	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day _____ Evening _____	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day _____ Evening _____	Email Address	Relationship

Briefly, why do you wish to become a Peer Farmer Volunteer?

I wish to become a participant in the NC Agromedicine Institute Farmer to Farmer program and would like to be accepted as a volunteer. I understand the applications will be screened to select the best candidates to assist with peer support for fellow farmers and farm families. If accepted, I agree to volunteer a **minimum of 6 months** of service to the NC Agromedicine Institute Farmer to Farmer program following training completion. I understand that to continue as a Farmer to Farmer peer farmer volunteer I am expected to attend periodic meetings and trainings.

I agree to abide by all policies and procedures of North Carolina Agromedicine Institute and the Farmer to Farmer Program and I understand and agree that my failure to do so may lead to my dismissal from the volunteer program in the sole discretion of East Carolina University and/or the NC Agromedicine Institute.

I understand that the North Carolina Agromedicine Institute and East Carolina University commit themselves to positive action and prohibit discrimination and harassment regardless of age, color, disability, family and marital status, gender identity, genetic information, national origin, political beliefs, race, religion, sex (including pregnancy), sexual orientation and veteran status.

I hereby certify that all of the entries on this application are true and complete and understand that any falsification of information herein constitutes cause for my dismissal from the program.

Applicant Signature _____ Date _____

DEMOGRAPHIC DATA

1. Gender
 - ☐ Female
 - ☐ Male
 - ☐ Other (Specify) _____

2. Race (Check all that apply)
 - ☐ White
 - ☐ Black / African-American
 - ☐ American Indian / Alaskan
 - ☐ Asian
 - ☐ Native Hawaiian / Pacific Islander

3. Ethnicity
 - ☐ Hispanic
 - ☐ Non-Hispanic

4. Please select the language(s) you can speak fluently.
 - ☐ English
 - ☐ Spanish
 - ☐ French
 - ☐ Other (Specify) _____

5. I live...
 - ☐ On a farm
 - ☐ In a rural area or town under 10,000 population
 - ☐ In a town or city of 10,000 to 50,000 population
 - ☐ In a suburb over 50,000 population
 - ☐ In a city over 50,000 population

6. Age
 - ☐ 21-30
 - ☐ 31-40
 - ☐ 41-50
 - ☐ 51-60
 - ☐ 61-70
 - ☐ 71-80
 - ☐ 81+

7. My highest level of education attained is:
 - ☐ Less than high school
 - ☐ High school diploma or GED
 - ☐ Associate degree
 - ☐ Bachelor's degree
 - ☐ Master's degree
 - ☐ Doctorate
 - ☐ Other (Specify) _____

EDUCATION AND FARMING EXPERIENCE

Please select the approximate years of farming experience:

- ☐ <1-9 yrs. ☐ 10-19 yrs. ☐ 20-29 yrs. ☐ 30-39 yrs. ☐ 40-49yrs ☐ 50+ yrs.

What is your role on the farm?

- ☐ Owner/ Operator ☐ Farm Spouse ☐ Hired Farm Labor-Migrant ☐ Other (Specify) _____
☐ Co-owner/ Operator ☐ Farm Family Member ☐ Hired Farm Labor-Non-Migrant

If you currently farm, please select ALL commodity types you are currently engaged in.

- ☐ Aquaculture ☐ Cattle ☐ Christmas trees ☐ Fruits ☐ Hemp ☐ Hogs ☐ Ornamental plants (nursery)
☐ Poultry ☐ Row crops ☐ Tobacco ☐ Vegetables ☐ Other (specify) _____

Please select ALL commodities with which you have had experience in the past but are not currently working with.

- ☐ Aquaculture ☐ Cattle ☐ Christmas trees ☐ Fruits ☐ Hemp ☐ Hogs ☐ Ornamental plants (nursery)
☐ Poultry ☐ Row crops ☐ Tobacco ☐ Vegetables ☐ Other (specify) _____

Select any agricultural groups in which you are currently active.

- | | | |
|---|---|---|
| <input type="checkbox"/> Corn Growers Association of NC, Inc. | <input type="checkbox"/> NC Apple Growers Association | <input type="checkbox"/> NC Aquaculture Association |
| <input type="checkbox"/> NC Beekeepers Association | <input type="checkbox"/> NC Blueberry Council, Inc. | <input type="checkbox"/> NC Christmas Tree Association |
| <input type="checkbox"/> NC Pork Council | <input type="checkbox"/> NC Poultry Federation | <input type="checkbox"/> NC Small Grain Growers Association |
| <input type="checkbox"/> NC Soybean Producers Association | <input type="checkbox"/> NC Strawberry Association | <input type="checkbox"/> NC Sweet Potato Commission |
| <input type="checkbox"/> NC Tomato Growers Association | <input type="checkbox"/> NC Vegetable Growers Association | <input type="checkbox"/> NC Watermelon Association |
| <input type="checkbox"/> Tobacco Growers Association | <input type="checkbox"/> Virginia Carolina Peanut Promotion | <input type="checkbox"/> Other (specify) _____ |

List any faith-based or civic organizations to which you belong. ☐ Shriner ☐ Rotary Club ☐ Mason

☐ Church Denomination (if applicable) _____ ☐ Other (Specify) _____

Which, if any, of the following mental health-related training have you completed (check all that apply)

- ☐ Mental Health First Aid(MHFA)-Adult; **Date:** _____
☐ MHFA – Youth; **Date:** _____
☐ MHFA – Rural Module; **Date:** _____
☐ Question, Persuade & Refer (QPR); **Date:** _____
☐ Talk Saves Lives (American Foundation for Suicide Prevention); **Date:** _____
☐ Other (Specify) _____

List any special skills and experiences not already listed that you could contribute in a volunteer capacity or that would make you an ideal volunteer. Examples: relevant non-farming experience, experience working with farmworker health/students/etc., etc.



NC AGROMEDICINE INSTITUTE

FARMER TO FARMER

VOLUNTEER CODE OF CONDUCT FORM

We appreciate your interest in the NC Agromedicine Institute Farmer to Farmer program. Your satisfaction and progress in this volunteer role is important to us. Farmer to Farmer Peer Farmer Volunteers (PFV) must sign and return this form to volunteer.

By signing this form, you are agreeing to abide by all items in this agreement, as well as all program policies and procedures covered in the NC Agromedicine Institute Farmer to Farmer training. Volunteers not adhering to all items in this agreement as well as all policies and expectations may forfeit their ability to volunteer in the NC Agromedicine Institute Farmer to Farmer program.

As a volunteer in the NC Agromedicine Institute Farmer to Farmer program, I agree to do the following:

1. Participate fully in the training program provided for Peer Farmer Volunteers.
2. Complete the **6-month** (minimum) volunteer service internship following completion of the training program.
3. Report all contacts made as a PFV as instructed during training.
4. Provide support as deemed appropriate for a PFV as explained during training and contact the supervising Institute staff member / Program Coordinator if I am unsure at any time.
5. Abide by the expectations as outlined during training and the following Code of Conduct:
 - I will perform my duties with dignity and pride as a representative of the NC Agromedicine Institute.
 - I will respect and interact in a professional manner with paid staff, volunteers, and those who seek support. I will be a positive role model, refraining from profanity, harassment, disruptive behavior, or abuse of any kind.
 - I will perform assigned duties without financial compensation or workers' compensation coverage. I will not seek or accept personal payment for speaking engagements or other activities performed as a Peer Farmer Volunteer.
 - I will make no recommendations or endorsements of a particular product or place of business. Nor will I use my title as a Peer Farmer Volunteer for commercial or private business.
 - I will restrict my answers to questions within my area of expertise or training. I will not provide medical advice, nor will I present my experiences as medical advice.
 - I will submit educational materials that I prepare (articles, press releases, newsletters, leaflets) for review and approval by the Program Coordinator prior to circulating.
 - I will refer requests for information by reporters to the Institute Program Coordinator.
 - I will refer anyone experiencing an immediate crisis, anyone who may pose a danger to themselves, and anyone who may pose a danger to others to 9-1-1 emergency services.

- I will not make copies of copyrighted material for distribution without written permission from the copyright owner.
- I will not display discriminatory behavior (based on race, color, religion, sex, age, national origin, handicap, and sexual orientation) or engage in sexual harassment while serving as a Peer Farmer Volunteer.
- I agree to have my likeness included in materials related to this program and the Agromedicine Institute as outlined and agreed to in the East Carolina University Photographic Release Form.

I have read and agree to abide by the Farmer to Farmer Code of Conduct regarding my service as a Peer Farmer Volunteer.

Date: _____

Signature: _____

Printed Name: _____



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