



# THE FARMORY

## Volunteer Information

Email completed form to [morgan@nwgreenbay.org](mailto:morgan@nwgreenbay.org) or drop it off at the NeighborWorks front desk (437 S. Jackson St. Green Bay, WI 54301).

### APPLICANT INFORMATION

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Name

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Street Address ( ) City State Zip

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Phone (Circle: Cell / Home) Email

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Date of Birth Preferred Pronouns (ex: she/her/hers)

Preferred contact method:  Email  Text  Call

How did you hear about us?

- Farmory Newsletter  Farmory Staff  Social Media  
 From someone I know  From another community organization  
 Other (please specify)

List your most current employment and/or volunteer experience:

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Agency/Organization ( )	Position	Dates
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Phone

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Volunteer Signature Date

## **DEMOGRAPHIC INFORMATION**

The Farmory receives grant funding in order to provide our services. Responses to these questions are optional and help us to understand who benefits from our services.

### **Age**

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

### **Gender**

- Female
  - Male
  - Another (please specify)
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### **Which of the following categories best describes your racial/ethnic origin?**

- Native American or Alaska Native
  - African American/Black
  - Asian (includes Asian Indian, Hmong, Chinese, Vietnamese, Thai, Filipino, Korean, Japanese, or other Asian)
  - White/Caucasian
  - Hispanic, Latino or Spanish (includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latin or Spanish origins)
  - Native Hawaiian or Pacific Islander
  - Another/ Multiracial (please specify)
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**DEMOGRAPHIC INFORMATION (continued)**

The Farmory receives grant funding in order to provide this experience. Responses to these questions are optional and help us to understand who benefits from our services.

**What is your highest level of Education?**

- Some High School
  - High School / GED
  - Some College
  - Associate Degree
  - Bachelor's Degree
  - Graduate Degree
  - Other (please specify)
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**Have you served in the U.S. armed forces?**

- No
  - Yes (please specify branch)
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**Household size**

- 1
- 2
- 3
- 4
- 5
- 6
- 7 +

**Which best describes your household income?**

- \$30,000 or less
- \$30,001 – 40,000
- \$40,001 – 50,000
- \$50,001 – 65,000
- \$65,001 – \$85,000
- \$85,001 or more
- Prefer not to say

**REQUIRED EMERGENCY CONTACT INFORMATION**

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Doctor/Primary Care Provider (       )	Location
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Doctor's Phone #

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Contact 1 (       )	Relationship to Applicant
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Contact's Phone #

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Contact 2 (       )	Relationship to Applicant
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Contact's Phone #

Please list any medical conditions or allergies of which we should be aware:

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