

Birmingham-Jefferson Food Policy Council
2011 Membership Application

Name: _____
Email: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Occupation: _____ Employed Retired Not in workforce Prefer not to answer

All information provided will be treated with respect and kept confidential.

Demographic Information

Gender

Female Male Prefer not to answer _____

Age

18 - 25 26 - 35 36 - 55 56 - 75 76 +
 Prefer not to answer

Ethnicity/Race - Check ALL that apply.

Native American Pacific Islander Hispanic or Latino Prefer not to answer _____
 White Asian Black or African American

Disability - Do you have a disability as designated by the American with Disabilities Act (ADA)?

Yes No Prefer not to answer

Your link to Jefferson County - Check ALL that apply.

Live Work _____

Please identify if you have WORKED in the following sectors. Check ALL that apply.

Industry

Private sector Public Sector Non-profit Government _____

Health and Education

University/College Early Child Education Child Nutrition Program Dept. of Public Health _____
 K - 12 Education Nutritionist/Dietician Healthcare Professional Private Health

Food System

Farmer Farmers Market Restaurant/Chef Grocery Store Transportation
 Wholesaler Distributor Food Chain/Franchise Retail _____

Please identify if you have been INVOLVED with the following groups. Check ALL that apply.

Neighborhood Asso. Civic Organization Faith Community Anti-poverty _____
 Community Garden Community Health Food Recovery Obesity Task Force

Please answer YES or NO to the following questions.

Membership on the Council will require attendance at all meetings of the full Council (approximately six times per year) AND participation in at least one working group that will meet more frequently. Will you be able to make this time commitment? Yes No

Council members are selected based on their skills, experience, and commitment to transforming the food system, and are asked to serve in the public interest, rather than to directly represent any organization with which they have affiliation. If seated on the Council, will you be able to serve in the public interest, and recuse yourself from discussion topics if there is a conflict of interest? Yes No

Name: _____

Please answer the following questions. Attach additional sheets of paper, as needed.

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1) Why would you like to be a member of the Food Policy Council? Feel free to describe skills, strengths, and experiences you would bring to the Council.

2) Please share any ways you have been involved in your community. This could include past and current community affiliations, activities, and volunteer efforts.

3) Please tell us a brief story about you and food.

4) What is your vision for the local food system? What do you see as opportunities and challenges for the local food system and the Food Policy Council?

Please mail completed form to:

Magic City Harvest, ATTN: Food Policy Council, PO Box 11292, Birmingham, AL 35202