

Breaking New Ground Application



Please complete all materials by May 15, 2017 * and send to:

TALMAR

ATTN: Breaking New Ground

1994 Cromwell Bridge Rd

Baltimore, MD 21234

www.talmar.org

breakingnewground@talmar.org

*Should there be space available within the class, there could be an exception to the deadline date.

TRAINEE APPLICATION

I. Personal Information

Full Name		DOB	
Current Address	City	State	ZIP
Permanent address (if different from current)	City	State	ZIP
Email	Phone	Best time to call	
Current occupation (student, employment, seeking employment, etc.)			
Marital status		Number of children or dependents	
Do you have access to housing and transportation in the Baltimore area? If not, how much financial assistance would you need to participate in the program?			

II. Education, Training and Skills

Please give us the names, addresses, courses taken, and completion status of any schools starting with high school or other training programs you have attended.	
Name of high school	Dates attended
City, State	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Neither
Name of school or program	Dates attended
City, State	Degree or certificate (if any)
Subjects studied or courses taken	

Name of school or program	Dates attended
City, State	Degree or certificate (if any)
Subjects studied or courses taken	

Please list any skills you have that are pertinent to farming, gardening, leadership, business, sustainability, food preparation/distribution, construction, vehicle maintenance/repair. (Use Back of this page if more room is needed or attach a word document to this page.)

Large empty text area for listing skills.

III. Military Service (if applicable)

Branch of service	Rank	Dates of service Discharged Rating
Job specialty and description of duties (supervisory or commanding roles, individual responsibilities, combat experience).		

IV. Previous Employment

Please list any work (non-military) or volunteer experience, starting with the most recent. Any additional employment can be attached to the back of this application.				
Employer/Organization	Supervisor name		Dates of employment/service	
Employer address		City	State	ZIP
Supervisor phone number		Supervisor email		
Can we contact this employer or supervisor?		Position title		
Job description and responsibilities				
Reason for leaving				
Employer/Organization	Supervisor name		Dates of employment/service	

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Employer address	City	State	ZIP
Supervisor phone number	Supervisor email		
Can we contact this employer or supervisor?	Position title		
Job description and responsibilities			
Reason for leaving			
Employer/Organization	Supervisor name	Dates of employment/service	
Employer address	City	State	ZIP
Supervisor phone number	Supervisor email		
Can we contact this employer or supervisor?	Position title		
Job description and responsibilities			
Reason for leaving			

V. Farming Interests & Goals

Please indicate your interest level in the following farm skills:				
Farm skill	Not very interested	Somewhat interested	Very interested	Don't know
Growing vegetables and herbs				
Growing tree fruits and nuts				
Berry crops				
Greenhouse production				
Organic / ecological growing methods				
Growing flowers and ornamentals (floriculture)				
Sustainable energy (solar, etc.)				
Raising chickens				
Raising sheep or goats				
Construction and use of poly tunnels				
Vermiculture				
Beekeeping				
Beer and wine production				
Pickling				
Jam production				
Cheese making				
Mushroom production				

What other farm / food production skills are you interested in acquiring? _____

VI. Self-Reported Physical and Cognitive Abilities

<p>Due to the physical, mental, emotional, and social demands of farming, it is important that you respond to the following to the best of your ability so Talmar can accommodate special needs.</p> <hr/> <p>Do you use any assistive mobility devices? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe</p> <hr/> <p>Do you have an impairment or health problem that limits your ability to walk? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe</p>
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VII. References

Please provide us with the contact information for the following references.			
#1 Personal reference (non-family member) name		How long have you known this person?	
Address	City	State	ZIP
Phone number	Email		
How do you know this person?			
#2 Personal reference (can be a family member) name		How long have you known this person?	
Address	City	State	ZIP
Phone number	Email		
How do you know this person?			
#3 Professional reference (previous work, volunteer, or military supervisor) name		How long have you known this person?	
Address	City	State	ZIP
Please describe your relationship to reference #3			

VIII. Legal Record

Full legal name	Previous names or aliases
SSN	
Have you ever been arrested? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain	

VIII. Personal Essay

In no more than 500 words, compose a personal essay that provides us with a better understanding of why you want to participate in our program, what goals you hope to achieve during and after the program, and anything else we should know about you. (Use Back of this page if more room is needed or attach a word document to this page.)

Please attach the following documents to the end of this application:

- 1. DD FORM 214 or other proof of military service**
- 2. Recent photo or military ID**
- 3. Copy of driving license**

IX. Further Questions and Disclosure

If you have any further questions, please contact Tracy Houser

410-825-2020 tracyhauser@talmar.org

1994 Cromwell Bridge Road Baltimore, MD 21234

TALMAR and associated programs do not discriminate on the basis of race, color, national origin, age, religion, sex, sexual origin or disability.