

Future
Advocates for
Agriculture
Concerned about
Tomorrow

Fresno County Farm Bureau

Program & Application

Mission

*“To cultivate community champions who value
and will advocate for the economic vitality of California agriculture”*

The **F**uture **A**dvocates for **A**griculture **C**oncerned about **T**omorrow (FAACT) program is an opportunity for community leaders to participate in an eight-month intensive program acquiring knowledge about a broad spectrum of issues affecting our region’s agriculture industry.

To be eligible, an applicant MUST:

Be given approval by the candidate’s employer to take the required time of a minimum of 64 hours of formal training. Self-employed individuals must commit to being away from their enterprises for the necessary amount of time.

Purpose of Selection Process:

To identify the highest quality candidates who have the potential to provide the most effective leadership. It is the policy of FAACT to express a strong preference for candidates who understand business and the relationship of a healthy business climate to a strong regional economy.

The Board of Directors expects each participant in **FAACT** to fulfill the following commitments:

1. To attend and actively participate in all classes.
2. To assume leadership roles.

Application:

1. Instructions
2. 2009-2010 Application Form
3. References
4. Recommendations
5. Release Form
6. Confirmation of Support/Release from Employer Form
7. Participant Pledge Form

Application Deadline: August 28, 2009

The deadline for receipt of applications for FAACT is Friday, August 28, 2009. All applications must be received at the Fresno County Farm Bureau office by 4:00 p.m.

Fresno County
Farm Bureau

FAACT **INSTRUCTIONS TO APPLICANTS**

- ◇ Read the FAACT information carefully, noting both requirements for selection and the time and monetary requisites for participation, if selected. The participation fee is **\$350** for the program. Other costs will be covered by FAACT.
- ◇ Read the entire application before beginning to write. Please keep a duplicate copy of your application for your own file.
- ◇ Complete all portions of the application. Your application materials will be copied and distributed to members of the Selection Committee and it is important the information regarding your candidacy be legible.
- ◇ **Note the deadline for receipt of application – August 14.**
- ◇ If not self-employed, please be sure to have your employer complete the “Confirmation of Support and Release from Employer” form. Signed copies must be returned to the Fresno County Farm Bureau office with your application.
- ◇ Please provide one recommendation form (attached) and three reference contacts.
- ◇ Responsibility for submission of all forms rests with the candidate. You will receive acknowledgment of receipt of your application from FAACT. The Selection Committee will interview all applicants and will select the class in September.
- ◇ All applicants will receive notice of their acceptance for the program from FAACT by September 21.
- ◇ The 2009-10 Class VII sessions will be held one day a month (on Mondays) typically from 8:00 a.m. to 5:00 p.m. Tentative class dates are: **Oct. 12, 2009; Nov. 9, 2009; Jan. 11, 2010; Feb. 8, 2010; March 8, 2010; April 12, 2010; May 10, 2010; and June 14, 2010.** The class does not meet in December.
- ◇ Send the application to:



1274 W Hedges Ave ♦ Fresno, CA 93728 ♦ Phone: (559) 237-0263 ♦ Email: teresap@fcfb.org

FAACT
2009-10 Application

Date: _____

CONTACT INFORMATION:

Full Name: _____

First Name

Middle Initial

Last Name

Nickname/first name you normally use: _____ Male Female

Mailing Address: Home Office

Home address: _____

Business Address: _____

Phone: (Business) _____ (Home) _____

(Mobile) _____ (Fax) _____

Email: _____

Have you resided in the Central Valley for at least one year? YES / NO

Do you expect to reside in the Central Valley for at least five more years? YES / NO

EDUCATIONAL BACKGROUND:

List all schools attended: High School, College, Business/Trade and/or short courses:

NAME OF SCHOOL	DIPLOMA DEGREE	MAJOR/MINOR FIELDS

Other Education: _____

For Office Use Only:

Applicant Employer Recommendations: 1 2 3 4

OCCUPATIONAL BACKGROUND: (List all positions held in the past five years)

Present Employer: _____
Business Address: _____
_____, _____ Zip: _____
Phone Business: _____ Fax: _____
Type of Business: _____
Title: _____ Dates of Employment: (Month/Year) _____ to _____

Previous Employer: _____
Business Address: _____
_____, _____ Zip: _____
Phone Business: _____ Fax: _____
Type of Business: _____
Title: _____ Dates of Employment: (Month/Year) _____ to _____
Reason for leaving: _____

Previous Employer: _____
Business Address: _____
_____, _____ Zip: _____
Phone Business: _____ Fax: _____
Type of Business: _____
Title: _____ Dates of Employment: (Month/Year) _____ to _____
Reason for leaving: _____

In your current job, briefly describe your role and responsibilities (50 words or less)

What are your career goals in the next five years? (50 words or less)

COMMUNITY INVOLVEMENT AND LEADERSHIP ACTIVITIES:

Indicate your past five years and current community involvement, volunteerism and leadership in organizations, including high school, college, civic, religious affiliation, governmental, military or other.

ORGANIZATION	DATES OF MEMBERSHIP	POSITIONS HELD	AVERAGE VOLUNTEER HOURS/MONTH

List awards and honors you have received.

ORGANIZATION OR GRANTOR	AWARD OR HONOR

1. What do you expect to gain from your participation in FAACT if you are chosen? (150 words or less)

2. Based on the expectations stated above, how would you plan to utilize the knowledge and experience gained through the FAACT Leadership Program? (150 words or less)

3. Coming into this issues-based program, what are two challenges you see facing our region today? (150 words or less)

Reference Form

Name of Applicant: _____

All recommendations must be received at the FCFB office by August 14, 2009. All replies are confidential.

List three references which we may contact to assess your leadership potential. From these references, select one person to complete the enclosed recommendation form.

1. Personal Business
Name: _____ Company: _____
Address: _____ Position: _____
City/State/Zip: _____ Phone: (____) _____

2. Personal Business
Name: _____ Company: _____
Address: _____ Position: _____
City/State/Zip: _____ Phone: (____) _____

3. Personal Business
Name: _____ Company: _____
Address: _____ Position: _____
City/State/Zip: _____ Phone: (____) _____

I understand my commitment for participation in the FFACT and give my permission for contact of the references supplied. I hereby certify that all statements made in this application are true and complete. I agree and understand that any misrepresentation or omission of material FFACTs herein will cause disqualification of my application. I understand that selection of applicants is the sole responsibility of the Selection Committee of the FFACT.

SIGNATURE: _____ DATE: _____



1274 W Hedges Ave ♦ Fresno, CA 93728 ♦ Phone: (559) 237-0263 ♦ Email: teresap@fcfb.org

Recommendation Form

All recommendations must be received in the FCFB office by August 14, 2009. All replies are confidential.

Name of Applicant: _____

Recommendations: Personal _____ Business _____ Date _____

To the Applicant: This recommendation form should be given to the person you think is in the best position to comment on the nature and scope of your potential as a community leader. Do not use relatives as recommenders.

To the Recommender: The FFACT is intended for persons who have demonstrated community leadership potential. May we please have your assistance in judging this candidate through your frank evaluation of his/her abilities and attitudes? (This recommendation will be held in confidence and should be returned directly to FFACT office in order for the candidate's application to be considered.)

I know the applicant: Thoroughly Fairly well Superficially

State the nature and duration of your knowledge of the applicant: _____

In marking the following items superior should be used sparingly; excellent is a strong rating.

	Superior	Excellent	Good	Fair	Acceptable
Esteem In Which He/She Is Held In The Community					
Ability To Communicate					
Demonstrated Leadership					
Potential For Growth Through This Program					
Ability To Work With Others					
Overall Assessment Of Leadership Potential					

Signature of Recommender: _____

Name: _____ Company: _____

Telephone: (_____) _____ Email: _____



Release of All Claims

Release made this _____ day of _____ 2009, by _____, a participant in the FAACT.

In consideration of permission granted me by the FAACT Selection Committee, to participate in the Leadership Program, I hereby release and discharge Fresno County Farm Bureau FAACT and its agents, employees, officers and Board from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, against the above-mentioned entity and persons, or their successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or resulting from, my participation in the FAACT Program.

I, the undersigned, have read this release in its entirety and understand all its terms. I execute it voluntarily and with complete knowledge of its significance.

In witness whereof, I have executed this release at _____, California, on the day and year first above written.

Participant's Signature

PHOTO/PUBLICITY RELEASE

(Please check and sign)

Fresno County Farm Bureau may use my name in press releases and my photo may appear in other promotional materials and FCFB's website in recognition that I am a FAACT participant.

Signature

Date

Confirmation of Support and Release from Employer

NAME OF APPLICANT: _____

To the applicant: If you are not self-employed, you must have your employer complete this form authorizing your absence from employment to participate in FAACT

To the employer: Please complete the following information to confirm your organization's willingness to grant the applicant time away from work for attendance at the seminars of FAACT

The applicant's commitment encompasses a minimum of 64 hours between October 2008 and June 2009. Seminars are planned tentatively for the second Monday of every month for a full day, from 8:00 a.m. to 5:00 p.m. The meeting dates are: Oct. 12, 2009; Nov. 9, 2009; Jan. 11, 2010; Feb. 8, 2010; March 8, 2010; April 12, 2010; May 10, 2010; and June 14, 2010. The class does not meet in December.

In order to maintain continuity and assure that all participants make full use of expenditures (generally provided at a rate applicable to the total group rather than individually), the Selection Committee is firm about participants not missing any seminars or portions thereof.

Please feel free to contact Fresno County Farm Bureau if you need additional information regarding FAACT and its value to your organization and employee.

It is agreed that if the above-named applicant is accepted into FAACT, his/her absence from work will be arranged at the times when seminars are scheduled.

DATE: _____

SIGNATURE: _____

NAME: _____

POSITION: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: (____) _____

Participant Commitment and Pledge

FAACT is planned to be a learning experience and requires the following commitments on the part of the participant.

1. I understand that attendance at the following events **IS REQUIRED**:
 - a. Eight (8) full day monthly sessions: Tentative class dates are: **Oct. 12, 2009; Nov. 9, 2009; Jan. 11, 2010; Feb. 8, 2010; March 8, 2010; April 12, 2010; May 10, 2010; and June 14, 2010.** The class does not meet in December.
 - b. Graduation

The value of this program is determined by active participation and no absences are authorized. Even though emergencies arise, **any participant missing more than one (1) class session** (or 3 half-days) will be automatically dropped from the program and no portion of the tuition will be reimbursed. **Missing any portion** of the program day (arriving late, leaving early) will be considered a half-day absence.

2. I understand the tuition fee is \$350 and is due and payable upon receipt of the invoice.
3. I will not use contents from the sessions or statements made therein for the purpose of any media reporting.
4. I will not use the name of FAACT or Fresno County Farm Bureau in a political campaign to imply endorsement from FAACT or Fresno County Farm Bureau.
5. I will not use the name of FAACT or Fresno County Farm Bureau in any way for personal or business gain.

Signature

Print Name

Date Signed