

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

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### **Application for Massachusetts Agriculture Youth Council**

*Please submit electronically by March 17, 2024 to Katie Rozenas-Hanson at [Katelyn.Rozenas@mass.gov](mailto:Katelyn.Rozenas@mass.gov)*

**If you have questions about the application process or the program, please email Katie Rozenas-Hanson, the Massachusetts Department of Agricultural Resources' Agricultural Education and Agritourism & Culinary Coordinator, at [Katelyn.Rozenas@mass.gov](mailto:Katelyn.Rozenas@mass.gov).**

Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

High School Address: \_\_\_\_\_

#### Parent or Guardian Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Please circle what you are most interested in (select as many as apply):**

Crop Production | Animal Science | International Trade & Exports | Ag Power & Machinery | Horticulture & Nursery | Climate Smart Agriculture | Forestry | Agricultural Education | Agritourism | Ag Policy and Law | Natural Resources & Environmental Services | Ag Communications | Agribusiness Management | Agricultural Marketing

Please attach a resume, two recommendation letters (may be from teachers, employers, supervisor, organization leader, or mentors) and a 400–600-word essay answering the following:

1. Personal introduction
2. Describe your experience with agriculture.
3. Why are you interested in learning more about agriculture and joining the MA Agriculture Youth Council?

4. What do you hope to gain from the experience of being on the council?

Applicant's Name (Print): \_\_\_\_\_

Signature of Applicant (if age 18 or older): \_\_\_\_\_

For Applicants less than 18 years of age:

I understand that as a minor (age less than 18 years), the above-named child is not permitted to apply for or participate in the MA Agricultural Youth Council without my consent and authorization. Therefore, by signing this form, I give my consent for his/her application for and/or participation in this Council. I further understand that I may revoke such consent at any time by written notice to the Massachusetts Department of Agricultural Resources at the contact information included below.

Parent's or Guardian's Name (Print): \_\_\_\_\_

Relationship to Applicant Child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_