



Local Coordinator Application

INSTRUCTIONS: Thanks for your interest in coordinating FHFH for your community! Please return this completed application, attachments and signed FHFH Coordinator Agreement within 2 weeks to: *FHFH, P.O. BOX 323, WILLIAMSPORT, MD 21795.*

A. General Information

Name _____ Date _____ Date of Birth _____
Address _____ Drivers License # _____

County _____ Email _____
Home Phone _____ Cell Phone _____
Work Phone _____ Fax Number _____
Primary FHFH Phone _____ Best time to call _____
Employer _____ Employer Phone _____

Photograph & Driver's License: *Please attach a recent photo of yourself AND a copy of your driver's license for our files. These may also be emailed to staff@fhfh.org.*

B. Local FHFH Team

Please find at least 3 people to assist you. These can include your spouse, other family members and friends. A majority of the team members should be hunters or past hunters to ensure familiarity with the hunting related aspects of the program. **Please list at least two team members who have agreed to help you below.**

Name	Email	Phone
1.		
2.		
3.		

Have you or any of your proposed team members committed or been convicted of any criminal activity or game/wildlife law violations?

CIRCLE ONE: YES NO

If yes, please provide explanation below and continue on the back if necessary. This will not automatically exclude the person or persons from serving with FHFH.

C. Meat Processor(s) and Food Bank(s)

Meat processors, food banks and local feeding programs and ministries are a crucial part of the FHFH ministry. Initial contact should be made with one or more of each to determine their interest. Please speak with at least one meat processor and one food bank or local feeding program representative about FHFH. Ask if you can provide their name and number on your application for possible contact as your application is reviewed.

Meat Processor (MUST BE HEALTH INSPECTED AND INSURED)

Name: Phone:

Food Bank or Local Feeding Program

Name: Phone:

D. References

Included with this application are personal reference forms to be given to three people to complete and return directly to FHFH. At least two of these must be unrelated to you and your team members. **Please select references that are familiar with your spiritual, professional and personal character. We suggest your minister, employer, and a co-worker or neighbor.** Please list the references that you have given the forms to below.

Name	Phone	Address
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- 1.
- 2.
- 3.

E. General Information

1. How did you learn about the FHFH ministry?
2. Why do you feel motivated to begin the FHFH ministry in your area?
3. What geographic area will the local FHFH program serve initially?
4. What would you suggest as a name for the local FHFH program? Examples are "Northwest Oregon FHFH" or "Crawford County FHFH".
5. Please list your hobbies and interests as well as other organizations, clubs or religious groups that you are part of below.

6. Do you have a computer? **CIRCLE ONE: YES NO**
7. Do you have access to the Internet? **CIRCLE ONE: YES NO**
8. Have you contacted your state DNR or game department about your interest in beginning FHFH locally? **CIRCLE ONE: YES NO**

F. Signature

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge.

Signature _____ Date _____