Council Member Candidate Form

Mahoning Valley Food Policy Council

CANDIDATE NAME: _____

STREET ADDRESS: _____ DATE: _____

CITY: _____ TELEPHONE #: _____

STATE: _____ CELL #: _____

ZIP CODE: _____ EMAIL ADDRESS: _____

MEMBER OF: _____ EMPLOYEE OF: _____

Please indicate which **ONE** area best reflects how you could be involved with the Mahoning Valley Food Policy Council if selected for a seat on the council:

ECONOMIC DEVELOPMENT ☐	EDUCATION ☐	ENVIRONMENTAL PROTECTION ☐
FAITH-BASED ORGANIZATION ☐	FOOD GROWER ☐	FOOD PROCESSOR ☐
GENERAL PUBLIC/AT LARGE ☐	HEALTH & NUTRITION ☐	HUNGER ☐
INSTITUTION/ORGANIZATION ☐	LAND USE & MANAGEMENT ☐	RETAIL SALES ☐
SOCIAL SERVICES ☐	TRANSPORTATION ☐	WASTE DIVERSION ☐
COLUMBIANA CO. GOV'T ☐	MAHONING CO. GOV'T ☐	TRUMBULL CO. GOV'T ☐
VILLAGE OF LISBON ☐	CITY OF YOUNGSTOWN ☐	CITY OF WARREN ☐

Please describe your interest in food policy and our local food system:

(Continued on the back side)

Please describe why you would like to have a seat on the Mahoning Valley Food Policy Council:

Please provide a brief bio:

Are you willing to be contacted directly by those interested in more information about you? Yes ☐ No ☐

Please mail completed form to: Grow Youngstown
PO Box 1191
Youngstown, Ohio 44504

Thank you for your interest.