



**Northeast Organic Farming Association of Rhode Island**  
*Serving Farmers, Gardeners and Consumers with Education & Outreach*

# Organic Farm Advisor Application

Name \_\_\_\_\_ Farm Name: \_\_\_\_\_

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

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

1. Describe your qualifications for being an organic farm advisor (education and/or training):

2. Describe your organic farming experience (position, size of farm, certification, types of crops and markets, number of years farming):

3. Check areas you feel qualified to advise other farmers:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> vegetables          | <input type="checkbox"/> soil fertility             | <input type="checkbox"/> crop rotation         |
| <input type="checkbox"/> leafy greens        | <input type="checkbox"/> cover crops                | <input type="checkbox"/> whole farm planning   |
| <input type="checkbox"/> herbs               | <input type="checkbox"/> pest and disease control   | <input type="checkbox"/> business planning     |
| <input type="checkbox"/> small fruit         | <input type="checkbox"/> weed control               | <input type="checkbox"/> organic certification |
| <input type="checkbox"/> tree fruit          | <input type="checkbox"/> season extension           | <input type="checkbox"/> record keeping        |
| <input type="checkbox"/> seedling production | <input type="checkbox"/> post harvest handling      |  |
| <input type="checkbox"/> greenhouse growing  | <input type="checkbox"/> marketing of organic crops | <input type="checkbox"/> other: _____          |

4. List any specific skills you would like to share with other farmers:

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**Return to:**

NOFA/RI 247 Evans Road, Chepachet, RI 02814

Send questions to [nofari@live.com](mailto:nofari@live.com) or call (401) 523-2653.