



# West Virginia Department of Agriculture

**Kent A. Leonhardt**, Commissioner

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## Application for WV Veterans and Warriors to Agriculture

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

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

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

Military Service Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

What experience do you have in Agriculture? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to do in agriculture if you had the opportunity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we share your information with other agencies that can potentially assist you?  yes  no

Are you interested in secondary education programs in agriculture?  yes  no

Are you interested in joining a cooperative specifically for veteran farmers?  yes  no

additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please include your DD 214 and any other information you wish to share with us to help determine your needs in agriculture training and future needs to assist you.**

Signature

Printed or Typed Name

Date