

COMMUNITY FOOD SYSTEM POLICIES

Please complete and provide to instructors
NO LATER THAN **NOON, FRIDAY JANUARY 29**

YOUR NAME: _____

PREFERRED CONTACT EMAIL FOR THE SEMESTER: _____

PREFERRED PHONE CONTACT FOR THE SEMESTER: _____

Please indicate your top 3 preferences for your class team project with an “X” and if no preference, please mark all with an “X”

- Albemarle County
- City of Charlottesville
- Fluvanna County
- Greene County
- Louisa County
- Nelson County

If you have preferences, please tell us the names of people you’d like for project team-mates:

Please indicate any particular skills/ knowledge base you think you might bring or contribute to the team (e.g., GIS, working with community people/groups, research, writing, powerpoint presentations, etc.)

Please indicate any background/experience you have in areas involved in community food systems (e.g., agriculture/ growing, marketing, distribution, hunger/poverty, environmental justice, rural development, etc.) (No experience/ background is necessary, but we would like to balance teams with people who may have different experiences!)
