



# CALIFORNIA FARM BUREAU FEDERATION

## 2019 Leadership Farm Bureau

**Deadline: December 21, 2018**

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### Application Instructions

Thank you for your interest in the Leadership Farm Bureau program. Please follow these simple steps when you complete the application. Applications are also available online at [www.cfbf.com](http://www.cfbf.com).

1. Applicants must be a current member of a county Farm Bureau. Priority will be given to applicants in production agriculture and agribusiness. There is no limit as to the number of candidates a county can submit. Farm Bureau employees may be considered based upon space availability.
2. It is the responsibility of the applicant to insure all components have been received by the application deadline.
3. If additional space is needed to answer a question, attach a separate sheet.
4. In addition to the application and employer consent form provided within this packet, each applicant must solicit a recommendation from the County Farm Bureau president and two personal references. The President's recommendation and two personal letters of reference must be submitted by each reference, respectively, and are due by **December 21**. Letters should be mailed to:

Leadership Farm Bureau  
California Farm Bureau Federation  
2300 River Plaza Drive  
Sacramento, CA 95833

5. There is a \$250 program fee. The fee is due by the first class in February. Checks are to be made payable to "California Farm Bureau - LFB."
6. The selection committee will base its selection of participants on information obtained from the application, submitted recommendations and a personal interview.
7. Questions should be directed to: Brian Watson, Division Manager, (916) 561-5590, [bwatson@cfbf.com](mailto:bwatson@cfbf.com)



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### Calendar and Dates to Remember

#### Application and Interview

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<b>December 21, 2018</b>	Application Deadline
<b>January 3, 2019*</b>	Applicant Interviews, Sacramento
<b>By January 18, 2019</b>	LFB Class of 2019 Announced

#### Class Schedule

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<b>February 5-7, 2019</b>	Personal Development, Teambuilding, Sacramento
<b>March 11-13, 2019**</b>	Introduction to Advocacy, Sacramento
<b>April 10-12, 2019</b>	Communicating the Message, Sacramento
<b>May 13-17, 2019**</b>	Government at Work, Washington, D.C.
<b>August 13-16, 2019</b>	Ag Issues and Field Studies Tour
<b>November 5-9, 2019</b>	Ag Issues and Field Studies Tour
<b>December 6-11, 2019</b>	Graduation and CFBF Annual Meeting, Monterey

\*All applicants are required to attend the in-person interviews in Sacramento as scheduled by CFBF unless prior and specific consideration is given by the Program Director for an extenuating circumstance.

\*\*Dates subject to change based on Leaders Conference or Congressional Calendar schedule.



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Applicant's Name: \_\_\_\_\_

County: \_\_\_\_\_

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***FOR CFBF OFFICIAL USE ONLY***

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- Overview and Responsibilities Contract
- Application
- Employer Consent Form
- County President's Recommendation Letter
- Personal Reference Letter
- Personal Reference Letter

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### Overview and Responsibilities

1. Leadership Farm Bureau is a leadership development program sponsored by the California Farm Bureau Federation (CFBF). The program is ideal for members of a county Farm Bureau board of directors and for active Farm Bureau members who wish to develop their leadership skills and become familiar with issues facing California agriculture.
2. CFBF will provide over 250 hours of instruction. Farm Bureau has set aside significant staff time and resources to provide a program that will not only benefit you personally but the organization and agriculture.
3. In order for participants to receive the full benefit of the program, a full commitment is necessary and expected. By agreeing to participate in the program a certain level of commitment and behavior will be required.
  - A. Attendance: Leadership Farm Bureau consists of seven (7) classes. It is expected that you will attend all 7 classes unless in the case of an extreme emergency or unforeseen circumstances. If more than one (1) class is missed it will be up to the discretion of CFBF and the members of the seated class to ask you to apply at another time, when your schedule allows.
  - B. Projects: Participants will complete the requirements of the class as given by the LFB coordinator. These will include but are not limited to:
    - End of the Year Report
    - Annual Meeting trade show booth
    - Assist in coordinating class activities or events.
    - Recruit 2 new Farm Bureau members (voting or sustaining)
    - Promote LFB and distribute 3 applications to potential, qualified applicants
    - Attend two county (different county) or state Board Meetings, committee meetings or events sanctioned by Farm Bureau outside your typical area of involvement.
    - All class work as assigned
  - C. Act Responsibly: You are Farm Bureau's representative during your entire time here. People take their cue or form opinions about an organization by our behavior- both at events and on our own time. We want people to have a good time, but it is important that you remember you are representing Farm Bureau.
  - D. Help Each Other: Watch out for and help your fellow classmates.

I have read, understand, and agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



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**Application** *(Please type)*

Full Name (as shown on driver's license): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

FB Member #: \_\_\_\_\_ County: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Spouse's Name (If married): \_\_\_\_\_

If applicable, please list the name(s) of any individuals who influenced you to apply:

Professional bio (for promotional use):

**List colleges attended and/or short courses completed:**

Name of School	Enrollment Date	Graduation Date	Degree Earned	Major/Minor Field

**Other educational experiences** *(describe)*:



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**Military Experience (if any):**

\_\_\_\_\_

Branch

\_\_\_\_\_

Rank

\_\_\_\_\_

Date of Service

**Employment History (list in chronological order with most current first):**

Name of Employer	Position Held	Date Employment Began	Date Employment Ended

**Describe the production operation or agribusiness you own or are employed by (be as specific as possible and include duties and responsibilities):**



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List organizations/groups in which you are or have been a member and the leadership roles you have assumed in each (*mention ag-related and non-ag-related activities*):

Organization/Group	Year	Leadership Role

What do you consider to be your noteworthy accomplishments?

List awards/honors you have received (*include ag-related and non-ag-related activities*):

Awards/Honors	Year	Basis for Award



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**What are your leadership strengths and how do they qualify you as a leader in agriculture?**

**What are your goals for involvement within the Farm Bureau organization in the future?**

**Why do you wish to participate in Leadership Farm Bureau?**

I have read the Leadership Farm Bureau program description, contract and tentative calendar indicating the requirements for participation in the LFB program and hereby give my permission to contact any of the references responding on my behalf. I understand and agree that any misstatements or omission of materials will result in my disqualification from program consideration and that selection of participants is the responsibility of the LFB selection committee. I also understand that selection is limited and if I am not selected this year, I can reapply for the program in the future.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_





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### Employer Consent Form *(Please type or print clearly)*

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I understand that my employee, (please print), \_\_\_\_\_,  
is applying for Leadership Farm Bureau sponsored by the California Farm Bureau Federation. He/She has my permission to participate fully in this seven-month program. I understand that this will require approximately 26 days (the majority of which are weekdays) of mandatory participation from the aforementioned employee.

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**



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### County President's Recommendation Form *(Please type or attach a typed letter)*

**Note:** *The county president may designate another member of the board of directors to submit a recommendation on his/her behalf as long as the individual has not been asked to submit a personal recommendation for the candidate.*

**Applicant's Name:** \_\_\_\_\_

The Leadership Farm Bureau (LFB) program is designed for those who demonstrate leadership potential in agriculture. *The LFB selection committee requires a recommendation by the county Farm Bureau president before the applicant can be considered.* Please direct your evaluation to the applicant's capability, leadership potential and commitment to agriculture.

### Return this completed form to:

Leadership Farm Bureau, California Farm Bureau Federation, 2300 River Plaza Drive, Sacramento, CA 95833

### Important

Please be candid and objective. This evaluation is critical to the selection committee and represents the county Farm Bureau position and attitude toward the applicant's leadership potential. No one other than the LFB selection committee will see this recommendation. It is extremely confidential and will remain with the application on file.

**How familiar are you with the applicant?** Very  Somewhat  Not at all

*(If you checked "somewhat" or "not at all," please consult with other county leaders who know the applicant well and/or interviewed him/her before completing this form.)*

### Describe the applicant's leadership achievements in Farm Bureau and the community:

\_\_\_\_\_



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In evaluating the following categories, "superior" should be used sparingly and only when truly warranted. "Excellent" is a strong rating; "good," "fair" and "poor" are self-explanatory.

	<u>Superior</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Esteem in which the applicant is held in the community and/or Farm Bureau.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment of applicant's leadership potential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### **Personal Recommendation Form** *(Please type or attach a typed letter)*

**Applicant's Name:** \_\_\_\_\_

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**How familiar are you with the applicant?** Very  Somewhat  Not at all

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**Describe the nature of your contact with the applicant:**



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Leadership potential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment of applicant's leadership potential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Based on your contact with the applicant, please state why you believe both the applicant and agriculture would benefit from his/her participation in a leadership development program:**

Name of Recommender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Leadership potential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_