Participant Application and Agreement
Beekeeping Cost-Share Program - 2021

Name _____

Address_____
City _____ State ____ ZIP ____
County _____

Phone: (Day) _____
(Evening) _____
E-mail address: _____

1. Do you have beekeeping experience?
Yes ____ No ____ if yes, please describe:

_____

_____

2. Upon completion of the beekeeping course, how would you further your beekeeping knowledge/ experience:

____ Subscribe to beekeeping publication
____ Accept the help of a mentor
____ Other (please describe)
_____

3. Have you ever received formal training in apiculture?
Yes ____No ____ If yes, where and when:

_____

4. Which of the following best describes you:
(Please check one)

___ I am a potential hobby beekeeper with no experience or training in beekeeping.

___ I am a potential hobby beekeeper with some training in beekeeping (e.g. a bee school)

___ I am currently a hobby beekeeper who wishes to become a full-time commercial beekeeper.

___ I was once a beekeeper but no longer keep bees, and I wish to start beekeeping again.

___ I am an active beekeeper with moderate experience and training, but I do not wish to become a commercial beekeeper.

___ I have an active agriculture enterprise and wish to become a beekeeper to pollinate my crops or orchards.

5. If awarded honey bees, they would be located at:
___ Home address
___ Other Location _____

_____

County _____

6. In order to be considered for the program, you **must agree to the following**:
(Please check each section to indicate agreement)

a. ___ I will acknowledge the receipt of materials by sending "Thank You" note to President of the Farm Bureau.

b. ___ I agree not to sell materials obtained through the program within two years after receipt.

c. ___ If I quit the program, I will agree to return the bees and materials as instructed.

d. ___ I agree to remain active in the Alamance County Beekeepers for at least two years.

e. ___ I will assume personal liability for all materials, including honey bees.

f. ___ I agree to respond to a survey for research purposes.

g. ___ I agree to participate in education and training sessions and accept services of a mentor.

_____
Signature of Applicant **Date**

Applications should be submitted via email to alamancecountybeekeepers@gmail.com by February 9, 2021*

* (Limit - One application per household)

Alamance County Farm Bureau - Alamance County Beekeepers
Beekeeping Cost – Share Program – 2021

Participant Selection Criteria

Member of the Alamance County Beekeepers
First time beekeeper or limited previous beekeeping experience
Presently enrolled in or have completed a beekeeping course
Geographically disperse the participants throughout
Alamance County as much as possible/feasible

Participant must agree to: (this would be an agreement on the application form)

Remain an active member in the Alamance County Beekeepers and stay in the
program for at least 2 years or return the equipment
Complete a status report periodically, as requested
One application per household
Have a beekeeping mentor assigned