Evaluator Application

Thank you for being AMAZING and supporting good food with your wisdom. We can't wait to work with you! Once we receive your application, we'll let you know if you've been approved within 5 business days. Once approved, you'll be part of our pool of awesome people doing awesome things, and we'll reach out to you directly whenever you're matched with an evaluation!!

Profe	Professional Information			
1	Name	Open-Ended		
2	Preferred Pronouns	They/Them She/Her He/Him Prefer Not to Say		
3	Title	Open-Ended		
4	Current Employer	Open-Ended		
6	Years working in the specialty food industry	Multiple choice question with pop-ups (noted below) • >2 • "Come back soon! We require at least 2 years of experience to participate" • 2-4 years • 5-10 years • 11-20 years • 20+		
5	What industry sector, within food, do you currently work in?	Multiple Choice [select all that apply] Retail Consulting Events Food Producer Distribution Media (e.g. blogger, food critic) Other		
5b If 5 = Othe r	OTHER?! Do tell	Optional		

5c If 5 => food prod ucer	If you're a food producer, what do you produce?	 Multiple Choice [select all that apply] cheese salumi (raw, cooked, and cured meats) pickled goods chocolate preserved fish and seafood small-batch pantry items Breads, baked goods Other
5c If 5 => othe r	OTHER?! Do tell	Open-Ended
	fications e complete one of the following three methods t	to provide proof of your qualifications.
6-1	4+ years of relevant experience (does not need to be sequential) [prompt to attach resume]	[check box]
7-2	CCP (Certified Cheese Professional) certification [prompt to attach certificate]	[check box]
8-3	Survey-based recommendation completed by a previous or current supervisor. Please share the supervisor's name and email address. We will reach out to them to confirm your ability to evaluate specialty food products.	Open-Ended
9	Please select the months of the year you would <u>NOT</u> want us to reach out to you regarding potential evaluation participation.	Select all that apply <list months=""></list>
Conta	ect & Shipping Information	
10	Email address	Open-Ended
11	Phone number	Open-Ended

12	Shipping Address, City, State, Zip Note that this is the address that will be used for product shipment. We will always reach out to re-confirm your shipping address prior to each evaluation!	Form for address data collection d		
13	Region	 The Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, & PA) The Midwest (OH, MI, IN, WI, IL, MN, IA, MO, ND, SD, NE, & KS) The South (DE, MD, VA, WV, KY, NC, SC, TN, GA, FL, AL, MI, AK, LA, TX, & OK) The West (MT, ID, WY, CO, NM, AZ, UT, NV, CA, OR, WA, 		
14	Special delivery instructions?	Open-Ended		
Program Commitment				
15	I promise to respond to all correspondence in a timely fashion.	[Agreed checkbox]		
16	I will offer my expertise and provide my respectful, honest, and constructive feedback and complete assessment of product(s) sent for my review.	[<i>Agreed</i> checkbox]		