

Participant Application for the
Mahoning County Beekeeping Program

Application Postmarked no later than January 29, 2010

(Please print)

Participant Name _____

Address _____

City _____ State _____ Zip Code _____

Township/Neighborhood _____

Daytime Phone _____ Other Phone _____

Email (if available) _____



Traditional beekeeping requires the ability to lift, along with adequate vision and mobility. Please consider the physical requirements necessary for being a successful beekeeper.

1. Do you have a sponsor? Yes No If no, proceed to question 3
2. Who is your Sponsor? _____
3. Your age: over 18 (Proceed to question 3.a)
14 - 18 (Youth must apply with an adult, and proceed to question 4)
 - a. Are you planning on beekeeping with a youth? Yes No
If yes, who? _____
 - b. Do you want to be considered for a scholarship? Yes No
 - c. If you are not selected for a scholarship, would you be interested in attending 12 hours of classes for \$40 and purchasing your own materials and bees? Yes No
 - d. If you are not selected for a scholarship, would you be interested in full participation at \$500 which includes classes, materials and bees? Yes No
4. Will you keep the bees where you live? Yes No If no, please explain:

5. Do you or your neighbors have a vegetable garden? Yes No
6. Do you have fruit trees, berry crops or flower gardens nearby? Yes No
7. Do you believe you have a suitable site for location of bee hives? Yes No

8. If you are renting, will your landlord sign a release for you to keep honey bees on the property? Yes No
9. Will you commit to joining a beekeeping association and agree to attend two meetings in one year? Yes No (Beekeeping associations provide ongoing educational benefits.)
10. Will you be able to attend training sessions on beginning beekeeping? Yes No (We anticipate 12 total hours of training, plus a field day.)
11. Do you have the ability, with instructions, to assemble wooden bee hives? Yes No
12. Do you sell merchandise at a farmers' market? Yes No
13. Do you plan to sell honey when it is harvested? Yes No
14. Do you have an allergy to bee stings? Yes No
15. Have you ever been a beekeeper? Yes No If yes, when and for how long?

16. Have you ever assisted in beekeeping before? Yes No

17. Why are you interested in becoming a beekeeper? Please explain in 50 words or less:

Signature of applicant _____ Date _____

Complete this application and return to your sponsoring organization. If you are an individual without a sponsor please mail to: **Mahoning County Beekeeping Program, c/o Crossroads RC&D, 277 Canal Ave SE, Ste C, New Philadelphia, OH 44663 by January 29th, 2010.**

Questions can be directed to: beverly.fisher@rcdnet.net or call our office at 330-339-9317.