



Givers Gathering Co-Op Founder Application



YOUR CONTACT INFORMATION

First Name Last Name

Address

City/State Zipcode

Phone Email

COMMUNITY FOUNDER EXCHANGE

What type of equal energy exchange are you providing?

Work Trade Financial Skills + Other Assistance

How many beings are within your group/family?

1-2 3-5 Other (list number)

COMMUNITY OPTIONS

What skills and/or support can you provide for the community founding?

<input type="checkbox"/> Financial Resources	<input type="checkbox"/> Growing/Agriculture Skills
<input type="checkbox"/> Building Skills	<input type="checkbox"/> Child Care Skills
<input type="checkbox"/> Electrician Skills	<input type="checkbox"/> Supplies (wood, tools, etc.)
<input type="checkbox"/> Plumbing Skills	<input type="checkbox"/> Other _____

Do you have pets?

No Yes

Please share any other relevant information you would like included in your listing + preferred method for applicants to contact you

I hereby agree to allow my preferred contact information to be shared on the Givers Gathering Co-Op



Signature _____

listings may be removed at any time by request of the applicant