



## USDA Foods Program: Idaho Advisory Council Agreement

Please review the *USDA Foods Program: Idaho Advisory Council Member Rules* before completing the agreement.

The USDA Foods Program staff appoints individuals to the Idaho Advisory Council. This form must be completed upon appointment to the council.

Name

School District/Organization

Current Position

E-Mail

Phone/Contact

Please tell us how you are currently involved with USDA Foods programs and/or food service:

How many years have you been involved with USDA Foods programs?

Which category type fits your organization? *(Check one)*

Residential Child Care Institution

Public School

Private School

Private Nonprofit Organization (distributor/processor/broker representative)

Is your organization part of a purchasing group (Co-op)?

No

Yes

Name of purchasing group

Do you serve as a representative from your organization for any of these groups?

ISNA

Industry Council

Other

I hereby agree to serve on the Idaho Advisory Council for a period of:      2 years                      3 years

By signing below you are acknowledging you have read the *USDA Foods Program: Idaho Advisory Council Member Rules* and agree to adhere to them and promote council values.

Idaho Advisory Council Member Signature:

Date:

Return this form to:

USDA Foods Team

E-mail: [usdafoodsteam@sde.idaho.gov](mailto:usdafoodsteam@sde.idaho.gov)

Contact the USDA Foods team at (208) 332-6800 for any questions

This institution is an equal opportunity provider