

REPORT ON MY VISIT TO A COOPERATIVE

VICE students must complete and send to the Virginia Cooperative Council prior to the start of the Virginia Institute on Cooperative Education. Email to mary.howell@sscoop.com

Name: _____

Home Address: _____

County or City: _____

4-H Member _____ FFA Member _____ _____ Other Youth
(Name) Organization

Date of Birth: _____ Date this report conducted: _____

Name of Parent/Guardian: _____

Home Phone: _____ Mobile Phone: _____

Complete and legal name of Cooperative Visited:

Complete address of Cooperative Visited:

Name and position of person interviewed: _____

Type of Cooperative:

_____ Farm Supply

_____ Electric Cooperative

_____ Marketing

_____ Telephone Cooperative

_____ Farm Credit

_____ Artificial Breeding Assoc.

_____ Other: _____

In what year did the co-op form? _____ How many members does it have today? _____

What is the cooperative's chief purpose/mission? _____

Who is the current chair of the board of directors? _____

Area served by the cooperative: _____

Volume of Business (most recent year): \$ _____

Present number of full time employees: _____

Present number of part-time employees: _____

