

Background Information

Name: _____

Address: _____

Email: _____ Phone: _____

Do you carry a smartphone? Yes No

If so, what kind? Apple Android Other _____

Do you have a logo? Yes No

What the name of your farm / business? _____

What are the products that you have available?

Social Media

How confident do you feel in using social media? (please circle the response that BEST fits you)

Not Very Confident Somewhat Confident Confident Very Confident

Which social media platform(s) do you have currently use and please list your handle for each of those?

Facebook _____ Handle: _____

Twitter _____ Handle: _____

Instagram _____ Handle: _____

Pinterest _____ Handle: _____

Snapchat _____ Handle: _____

Wordpress _____ Handle: _____

Other _____

What are your top 3 things that you would like to learn in the social media program?

