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2022 Community First Grant: Team Member Nomination

Ends on June 15, 2022

Are you a Whole Foods Market Team Member in good standing? *

- ☒ Yes
☐ No

Do you have support from your Store Team Leader, and does your STL know to submit the Leadership Support Form (link provided to the side)? *

- ☒ Yes
☐ No

If you work in an office, please ask your TL to complete the form. If you work in a facility, please ask your FTL to complete the form. Your STL can complete the STL Support Form on our website.

If you are an STL who is submitting a nomination, you do not need to complete the form.

Are you and other Team Members in your store willing to volunteer for your community partner in your personal time (outside of working hours at WFM)? *

- ☒ Yes
☐ No

No compensation will be provided from Whole Foods Market or Whole Cities Foundation.

Is the community partner you are recommending focused on expanding long-term fresh, healthy food access or offering healthy cooking classes? *

- ☒ Yes
☐ No

This grant will not be a good fit for food pantries, food banks, and other food donation/ redistribution programs.

If your nomination is selected, is your community partner willing to complete an online Community First Grant Program Application? *

- ☒ Yes
☐ No

The application will include questions regarding the organization's work, leadership, impact, community engagement, long-term plans, and finances.

Is the community partner you are recommending primarily focused on serving adults? *

- ☒ Yes
☐ No

The Community First Grant will not be the best fit for community partners that focus primarily on children or schools.

Are you willing to send us a short mid-year and end of the year update? We will ask for a brief summary of how things are going and photos of your partnership in action. *

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- ☒ Yes
☐ No

Team Member Name *

First Name

Last Name

Preferred Email Address *

Where do you work? *

- ☐ Store
☐ Metro
☐ Regional Office
☐ Distribution Center
☐ Bakehouse or Kitchen
☐ Global Support
☐ Other

What is the name of the store, office, DC, or facility where you work? *

City where your store, office, DC, or facility is located: *

State/province where your store, office, DC, or facility is located: *

Region *

- ☐ North Atlantic
☐ Mid-Atlantic
☐ Northeast
☐ Southeast
☐ Southwest
☐ Rocky Mountain
☐ Pacific Northwest
☐ Northern California
☐ Southern Pacific
☐ Global Support

Team Members in the UK are unfortunately not eligible to nominate.

How many years have you worked for Whole Foods Market? *

What team are you on? *

- ☐ Seafood
☐ Prepared Foods
☐ Bakery
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- ☐ Store Support
- ☐ Store Leadership/Administration
- ☐ Produce
- ☐ Floral
- ☐ Whole Body
- ☐ Grocery
- ☐ Specialty
- ☐ Marketing
- ☐ Other

What is your role? *

For Example: Cashier, Team Leader, Supervisor, Team Member, etc.

Please tell us why expanding fresh, healthy food access is important to you and your fellow Team Members. *

Limit: 400 words

Community Partner's Name *

What is their website (if they don't have a website, please list their facebook, instagram, or other social media account)? *

Community Partner Leader's Name *

Community Partner Leader's Email Address *

Community Partner Leader's Phone Number *

Which category best describes your community partner's fresh, healthy food access work? *

- ☐ Community Garden
- ☐ Urban Farm
- ☐ Farmers Market or Co-Op
- ☐ Agricultural Skills Development
- ☐ Mobile Market
- ☐ Pop Up Market or CSA
- ☐ Nutrition Education and Healthy Cooking Classes
- ☐ Healthy Food Incentives (ex. SNAP)
- ☐ Other

Please briefly describe your community partner's mission, healthy food work, and goals. (400 words or less) *

Limit: 400 words

What do you enjoy about volunteering with this organization? If you are not currently volunteering with the organization, what interests you about getting involved? *

Limit: 400 words

How long have you been engaged with your community partner? *

- ☐ I'm excited to start!
- ☐ 1-12 months
- ☐ 1 -2 years
- ☐ 3-5 years
- ☐ 5+ years

What is your involvement with this community partner? *

Limit: 500 words

Are other Team Members at your location interested in becoming involved with this community partner? Please tell us more. *

What is your goal for your engagement with your Community Partner? *

This could be the number of hours you want to volunteer with them per month, the number of TM you hope to get involved per quarter, what you hope to learn through this partnership, or anything else that excites you, works for your partner, and follows health and safety guidelines in your area.

We understand that plans change. If you are no longer able to participate in the program during the year, who will take the lead in your partnership and in communicating with our team? *

What is this Team Member's email address? *

Optional: What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary/ Third Gender
- ☐ I prefer to self-describe

Responses to this question will not impact the likelihood of your nomination being selected. We ask for this information to better understand the diversity of Team Members engaged in the Community First Grant Program.

Optional: What is your race/ethnicity (select all that apply)?

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- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Hispanic or Latino
- ☐ White American, European American, or Middle Eastern American
- ☐ I prefer to self-describe

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Optional: As part of the Community First Grant, we have monthly "touch points" with participating TM. Some months these are emails, other months we have calls or webinars. Is there any topic you want to be sure we cover in these touch points?

Optional: We love to highlight CFG TM and their partners throughout the year! What is the best way for us to celebrate you?

- ☐ Create a poster about my partner and me that can be hung in my store's BOH
- ☐ Feature my partner and me in an article in Innerview
- ☐ Write a blog post about my partner and me for Whole Cities website
- ☐ Another idea

Optional: Would you like to participate in upcoming storytelling opportunities? (social take overs, guest blog posts, podcasts, internal speaking engagements, etc.)

- ☐ yes, I'd love to!

We're always looking for TM to help spread the word about the Community First Grant experience throughout the year.

Would you be interested in attending a webinar that walks through the steps of how to serve on a nonprofit's board? *

- ☐ Yes!
- ☐ No Thank You

How did you hear about the Community First Grant Program? Please check all that apply. *

- ☐ Innerview
- ☐ The Beet
- ☐ In Store Poster
- ☐ Store/Team Meeting
- ☐ Word of Mouth from Another Team Member
- ☐ The Daily Note
- ☐ I'm a previous CFG Team Member
- ☐ Q&A Call Invite
- ☐ My STL or TL attended Tribal Gathering and told me about it.
- ☐ Back of House Digital Screens
- ☐ Other

We've been known to send goodies to TM once in awhile... What is the best shipping address for you? (please include street number and name, city, state/province, and postal code) *

If we sent you a t-shirt, what size would you like? (all sizes are unisex). *

- ☐ XS
- ☐ S
- ☐ M
- ☐ L
- ☐ XL

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- ☐ 2XL
- ☐ 3XL

While WCF's wearables can't be worn on the floor anymore, they could be worn while volunteering with your partner.

Would you like to join the Beet, Whole Cities' Team Member newsletter? *

- ☐ Yes
- ☐ No
- ☐ I already receive the Beet

Please upload a media released photo of yourself in action (volunteering, working in the store, etc.) *

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .jpg, .jpeg, .png, .psd, .ai, .eps, .ibooks, .iba, .tex, .bbl, .ltx, .fdx, .dwg, .vsd, .vss, .vst, .vdx, .vsx, .vtx, .mpp, .mpx, .adoc, .stl, .hevc, .heif

We love to celebrate CFG Team Members! "Media released" photos are photos that we can share them on our website, social media, and in our communications.

Please make sure the photos are high res (1mb+).

To see an example of a great TM photo, check out Jimmy Jaime's poster from 2019: http://wholecitiesfoundation.org/wp-content/uploads/2020/09/JimmyJaime_HealthintheHood.pdf

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