



INTERNSHIP APPLICATION

Please fill out and return the following application. You may attach another sheet if you need extra space. Please include a resume and cover letter with the application.

Name: _____

Address: _____

Phone: _____ E-mail: _____

Gender: _____ Best time to be reached: _____

How did you hear about us? _____

Please select the length of your internship:

Full season internship (9 months): _____ Partial/summer season internship (2-4 months): _____

Please rate the following educational components of this internship by your personal interest in them:

1 = most interested, 5 = least interested

(___) Vegetables (___) Livestock (___) Grain (___) Small fruit (___) Greenhouse

Why do you want to farm?

What made you want to intern at Rodale Institute?



What are your goals in becoming a farm intern?

If you are chosen as a Rodale Institute intern, what is your vision or goal after completing the internship?

Knowing there are many aspects to being a farmer, all of which will be part of your experience, which interest you the most?

Which interest you the least?



What are some of the challenges you anticipate?

What other kinds of expectations do you have about an internship with Rodale Institute?

What do you feel you can offer to the farm and your fellow co-workers?

What is one quality about you that others may find difficult to work/live with?



What experience do you have with physical labor, and if none, how do you think you will handle it?

Do you have any prior experience living in a group house situation? Please describe.

Is there anything else people should know about living with you?

Describe any other skills you have learned. (I.e. Carpentry, equipment operation, computers, etc.)



Do you have a driver's license? _____

Will you have your own transportation? _____

Do you have any allergies? Yes: _____ No: _____

If yes, what are your allergies? _____

Other considerations, medical or otherwise: _____

REFERENCES:

WORK #1 (Name/Business, Address, Phone, Years of Acquaintance)

WORK #2 (Name/Business, Address, Phone, Years of Acquaintance)

WORK #3 (Name/Business, Address, Phone, Years of Acquaintance)

SEND COMPLETED APPLICATION VIA EMAIL OR MAIL:

Email: RIFT@RodaleInstitute.org

Mail: Attn: RIFT Program Manager
Rodale Institute
611 Siegfriedale Road
Kutztown, PA 19530

Questions? Email RIFT@RodaleInstitute.org or call 610-683-1439