



## 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](mailto:RIFT@RodaleInstitute.org)

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

Questions? Email [RIFT@RodaleInstitute.org](mailto:RIFT@RodaleInstitute.org) or call 610-683-1439