



## INTERNSHIP APPLICATION

Please fill out and return the following application. You may attach another sheet if you need extra space.

Please note that an on-farm visit and interview is required in order to be considered for the internship. Based on your application we will determine whether to schedule an interview. If you know you will be in our area this winter, please let us know when you are available for a visit.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I am interested in a:

Full season internship (six months): \_\_\_\_\_ partial/summer season internship: \_\_\_\_\_

I am interested in a (check one only):

Farm Share (ASC) Internship: \_\_\_\_\_ Diversified Vegetable Farming Internship: \_\_\_\_\_

What made you want to farm?

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Why do you want to intern at the Rodale Institute?

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What are your goals in becoming a farm intern?

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

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

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Which interest you the least?

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What are some of the challenges you anticipate?

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

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

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

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

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Describe any other skills you have learned. (I.e. Carpentry, equipment operation, computers, ability to work and live with others, etc.)

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Please select the following that apply to you and add any other considerations that are important to you:

Smoker: \_\_\_\_\_ Non-smoker: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Other diet: \_\_\_\_\_

Will you have your own transportation? \_\_\_\_\_

Do you have any allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what are your allergies? \_\_\_\_\_

Other considerations: \_\_\_\_\_

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

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Anything else people should know about living with you?

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**REFERENCES:**

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

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

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

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**SEND COMPLETED APPLICATION VIA EMAIL OR MAIL:**

**Email:** [ASC@RodaleInstitute.org](mailto:ASC@RodaleInstitute.org)

**Mail:** Attn: ASC Program Manger  
Rodale Institute  
611 Siegfriedale Road  
Kutztown, PA 19530

**Questions? Email [ASC@RodaleInstitute.org](mailto:ASC@RodaleInstitute.org) or call 610-683-1485**