



## FarmOn! Foundation Internship Application

Thank you for your interest in the FarmOn! Foundation Internship Program. Interns play a vital role in the success of our mission. All Internship applications are reviewed equally in consideration for our current Internship opportunity through SUNY. All applications will be held securely and confidentially. Only authorized staff will have access to your information. All applicants must answer the following questions. Failure to answer honestly will disqualify the application from service as an intern with our organization. All applicants must be 15-19 years old or young farmers age 25+ and must agree to the FarmOn! Foundation Code of Conduct to apply.

**To Apply:** Fill out the entire application and submit with a one page essay. Essay question topics are at the end of the application. Pick on topic and write a one-page essay to submit with application.

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### Intern Information

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Age \_\_\_\_\_

Current Campus or Occupation: \_\_\_\_\_

Year: \_\_\_\_\_

Major: \_\_\_\_\_

Academic Supervisor or Reference Contact Information:

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Date of last Tetanus booster: \_\_\_\_\_

Allergies: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Please specify any other health concerns, physical activity restrictions, or other information you want the program directors to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**Previous Internship/Work Experience:**

<u>Location</u>	<u>Dates</u>	<u>Work Performed</u>	<u>Contact Person</u>

**Why Would You Be a Good Fit for FarmOn! Internship?**

What do you hope to get from this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 3

Is there anything not listed in the internship program description that you hope to experience?

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This is a full time responsibility that continues during all weather conditions ie: rain, snow, heat as prompt timing for deliveries are mandatory. Are you willing to work in these conditions? Please circle one:      Yes              No

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## Essay Question Topics

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- **Did you ever think about becoming an entrepreneur? Tell us your dream.**
- **Do you dream about overcoming a challenge in your life? Tell us your vision.**
- **If you could change one thing in the world today – What would that be and why?**
- **If you could pack up and start a new life anywhere – Where would you go and why?**

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**Parent/Guardian Information**  
(If Under Age 18)

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Parent/Guardian Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Best time of the day to contact \_\_\_\_\_

Address \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

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**Emergency Contact Information**

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

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

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## References

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List Three People that can attest to your experience, character, and skills

<u>Name</u>	<u>Name</u>	<u>Name</u>
<u>Address</u>	<u>Address</u>	<u>Address</u>
<u>Telephone Number</u>	<u>Telephone Number</u>	<u>Telephone Number</u>
<u>Title</u>	<u>Title</u>	<u>Title</u>

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## Signature

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By Signing below you agree that all information that you can have provided in this application is true to the best of your knowledge. All Students under the age of 18 must have parental/guardian consent below.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If under the age of 18:**

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_