PERSONAL INFORMATION

NAME:	
PERMANENT MAILING ADDRESS:	
PHONE:	
EMAIL:	
DATE OF BIRTH:	
GENDER:	☐ Male ☐ Female ☐ Trans ☐ Other
ARE YOU A VETERAN?	☐ Yes ☐ No Branch: Years of Service:
DISCHARGE STATUS?	
RACE/ETHNICITY: (PLEASE CHECK ALL THAT APPLY)	☐ African-American ☐ Asian-American ☐ Pacific Islander ☐ White/ Caucasian ☐ Hispanic/ Latino ☐ Indigenous/ Native American ☐ Other ☐ No Answer
IDENTIFY AS?	☐ US Born ☐ Refugee ☐ Immigrant ☐ Other
NATIVE LANGUAGE?	(Please list any languages spoken and/or what is preferred.)

*Please be aware that the above information may be used for a background check.

EDUCATION

LEVELS OF EDUCATION: (PLEASE CHECK ALL THAT APPLY)	☐ High School/ Equivalent ☐ 2 Year Associates ☐ 4 Year Undergrad ☐ Masters or Doctorate ☐ Tech or Trade School ☐ Alternative (explain)
DEGREE OR SPECIALIZATION?	
PREVIOUSLY TAKEN CULTIVATING SUCCESS COURSE?	☐ Yes ☐ No Which course and when?

EXPERIENCE

DO YOU HAVE ANY FARM EXPERIENCE?	☐ Yes ☐ No
WHEN AND WHERE?	
AGRICULTURAL TOPIC AREAS YOU CURRENTLY HAVE EXPERIENCE IN: (PLEASE THUROUGHLY LIST ANY/ALL APPLICABLE SKILLS)	
AGRICULTURAL TOPIC AREAS YOU WOULD LIKE TO GAIN EXPERIENCE IN: (PLEASE THUROUGHLY LIST WHAT YOU HOPE TO LEARN)	
WHAT OTHER EXPERIENCE DO YOU HAVE THAT MAY BE RELEVANT?	
WHAT DO YOU HOPE TO GAIN FROM AN INTERNSHIP EXPERIECE? WHAT ARE YOUR GOALS?	

EXPECTATIONS

OUR ON-FARM INTERNSHIP REQUIRES A MINIMUM 3 MONTH COMMITMENT, CAN YOU DO THIS?	☐ Yes ☐ No ☐ I can commit to *more than* 3 months. Explain:
IS THERE A HOST FARM THAT YOU ARE INTERESTED IN?	☐ Yes ☐ No If so, please list:
HAVING YOUR OWN TRANSPORATION IS HIGHLY RECOMMENDED, DO YOU HAVE TRANSPORTATION?	☐ Yes ☐ No ☐ Sometimes Explain:
HOUSING IS NOT AVAILABLE AT ALL HOST FARMS, ARE YOU ABLE TO AFFORD YOUR OWN HOUSING?	☐ Yes ☐ No ☐ Would prefer a host farm that provides housing Explain:
FARM WORK CAN BE EXTREMELY STRENUOUS AND REQUIRES INTENSE PHYSICAL LABOR IN VARIED WEATHER CONDITIONS, ARE YOU OK WITH THIS? ARE THERE ANY CONSIDERATIONS WE SHOULD KNOW ABOUT?	☐ Yes ☐ No Explain:
ARE THERE ANY SPECIAL ACCOMODATIONS YOU WOULD REQUIRE DURING YOUR INTERNSHIP?	
ANY DIETARY RESTRICTIONS? (PLEASE BE SPECIFIC)	
ANY ALLERGIES? (PLEASE BE SPECIFIC)	

REFERENCES

Please provide two references that you feel are applicable to this program:

NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
RELATIONSHIP TO YOU:	
NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
RELATIONSHIP TO YOU:	

Thank you for taking the time to fill out an application for the **WSU CULTIVATING SUCCESS™ On-Farm Internship Program.** We appreciate your interest and desire to elevate your knowledge and gain the useful hands-on skills necessary to build a viable farm business. Please direct any and all inquiries, questions, and completed application materials to:

Patricia Munts
Small Farms and Acreage Coordinator
WSU Spokane County Extension
222 N Havana
Spokane WA 99202
T: 509 477 2173
E: pmunts@spokanecounty.org

Please sign/date:

Applicant Signature: _____ Date: _____