(303) 443 9952

## **Food Project Farm Internship Application** Circle or Highlight the season you are applying for:

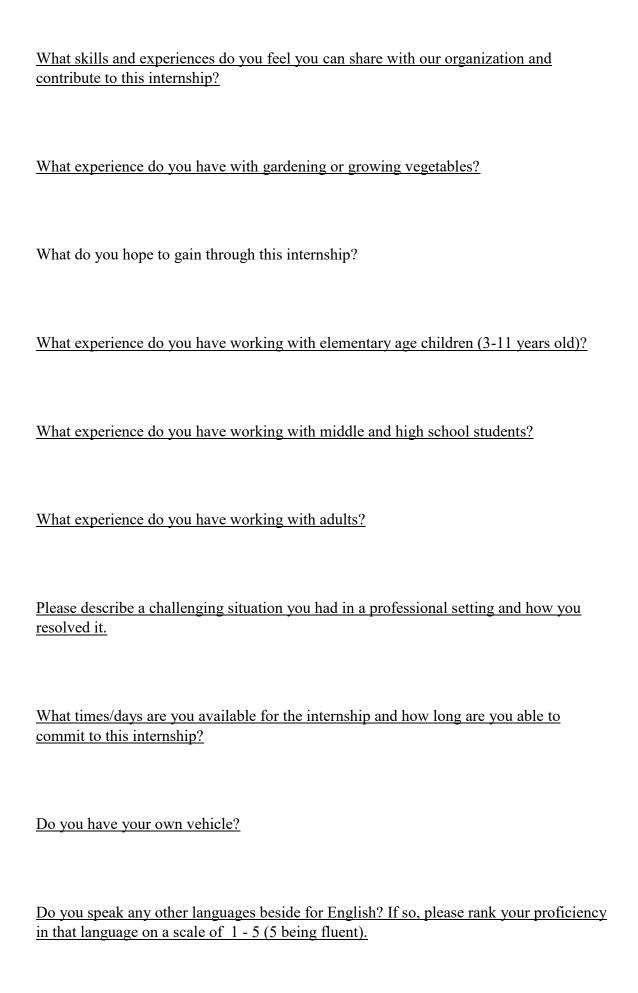
Spring: March 4 – May 31

**Summer: May 13 – August 16** 

Fall: August 12 - November 15

Name:				
Address:				
City	State		_Zip	
Home Phone:		Cell Phone:		
Email:				
Place of Employment/ School:	Position	:		
Emergency Contact: Ph	none:			
Birthdate (mo/date/year):				

**Application Questions** 



Do you have certification in First Aid and CPR that is current for the duration of the internship?
How did you hear about Growing Gardens and in what ways have you worked with our programs before?
Have you checked out our website at www.growinggardens.org? If not, we encourage everyone to do so to become more familiar with all the wonderful programs we offer!
References
Please list two references. Include their name, phone number and how they know you.
1. Name:
Phone number:
How they know you:
2. Name:
Phone number:
How they know you:
To apply: Email completed application, a short cover letter, and resume to <a href="Lex@growinggardens.org">Lex@growinggardens.org</a> with your name and "Food Project Farm Internship Application" in the subject line.

Thank you for your interest and support of Growing Gardens!

Be sure to like us on Facebook and sign up for our e-newsletter to see our upcoming special events, hands-on classes and community programs.