

**Blooming Glen Farm**  
**Internship Application**

*Please fill out and return the following application*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F (circle one)  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to be reached:

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

The internship program begins April 1<sup>st</sup> and ends November 15<sup>th</sup>.  
Will you be able to commit to this time frame?  
YES / NO (circle one). If NO, please explain.

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What made you want to farm?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why in Bucks County, Pennsylvania?

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\_\_\_\_\_

\_\_\_\_\_

Why do you want to intern at Blooming Glen Farm?

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What are you goals in becoming a farm intern?

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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 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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Provide a list of the schools you have attended, include degrees and/or major areas of study or training (you may attach a resume if you prefer).

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Provide a list of your work experience (agricultural or non-agricultural), both paid and volunteer. 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 comment on the following and add any other considerations that are important to you:

Smoker / Non Smoker (circle one) \_\_\_\_\_

Diet (vegetarian/other) \_\_\_\_\_

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

Do you have any allergies? YES / NO If YES, what?

Physical limitations? YES / NO If YES, what?

Emotional / Psychological Concerns? YES / NO If YES, what?

Other Considerations:

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Anything else people should know about living with you?

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REFERENCES:

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

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

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PERSONAL #3 (Name, Address, Phone, Years of Acquaintance, Relationship) \_\_\_\_\_

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**Please return to:** Blooming Glen Farm, 98 Moyer Rd, Perkasio Pa, 18944  
**Questions?** Call: 215-257-2566 or email: [info@bloomingglenfarm.com](mailto:info@bloomingglenfarm.com)

