



THE GOOD FOOD PROJECT

2018 Farm Internship Program Application

Name: _____ Age: _____ M / F

Street Address: _____ City/Zip: _____

Phone: _____ Email: _____

- How did you hear about this program?

- What experience do you have that you feel is relevant to this position?

- In what ways do you feel this program benefit you?

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____ Email: _____

Please complete this form and either bring into Comida Market or return to:

17613 CR 31.9
Weston, CO 81091

All applications due by April 15

For more information or questions, email:
trinidadurbanfarms@gmail.com