

The Good Food Project
Summer Farm Internship Program

Name: _____ **Age:** _____ **M/F**

Address: _____

Phone: _____ **email:** _____

How did you hear about the program? _____

What are your interests as it pertains to the program? _____

Do you have any experience that you feel is relevant to the program? _____

How do you think this internship will benefit you? _____

Parent/guardian printed name: _____ Date: _____

Parent/guardian signature: _____ phone: _____

Return to : Earth Mountain Education Farm
17613 CR. 31.9 Weston, CO 81091

or drop off at Trinidad Food Co-op
Elm St. and Maple Ave.

For more info contact: thegoodfoodproject@outlook.com