APPLICATION FOR FARM APPRENTICESHIP

Frog Farm



9044 Takilma Road, PO Box 2093, Cave Junction, OR 97523 (541) 592-3386 sisqdeb@gmail.com

Please fill-in application and send to PO Box above (or scan and email).

Name	DOB
Address	
Email	
Home Phone	Work/Message Phone
1. What are the main re What do you want to	asons you would like to do this training? get out of it?
2. How could you benef	it Frog Farm/Siskiyou Mt Herbs?
_	Certificates (non-traditional ok!) Dates/Degrees
your farm/life related skillssuch	en or Yard Work; Related Experience (please list as food preserving, pruning, wood chopping, milking, masonary, cob, construction, irrigation, plumbing, singing for your supper, etc)



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4b. Other work experience Job description/ Dates
E. References (someone who has known you for years AND farm/work reference)
2. References (someone was mas an you for yours 121.2) farm, work reference,
F. Food We generally eat meals together
Any Allergies? Please list
Preferences: □raw □vegetarian □vegan □omnivore (eat anything!) □fish □meat □other:
Any cooking experience? (describe)
G. Previous Health/Medical/Healing Work or health practices
H. And finally:
Do you smoke tobacco? □Yes □No □Occasionally
Are you able to do hard physical labor? □Yes □No
How much can you lift? \square 10 pounds \square 25 pounds \square 50 pounds
Do you prefer to camp or sleep in a dorm bed? □Camp □Dorm
Do you consider yourself tidy? □Always □Sometimes □Never
Are you interested in learning about farming and permaculture? Yes No
Are you able to practice farming 8 hours/day? □Yes □No
Do you have any immediate or chronic health issues?
What dates are you available?
How long would you like to stay?
Anything Else?

