



## INTERNSHIP APPLICATION

Thank you for your interest in Koinonia Farm's Internship Program. You may apply online at [www.koinoniafarm.org](http://www.koinoniafarm.org) or fill out this form and mail it to Internship Program, Koinonia Farm, 1324 GA Hwy 49 S, Americus, GA 31719. You may also fill it out, scan it, then send as an email attachment to [internship@koinoniafarm.org](mailto:internship@koinoniafarm.org).

Please do not forget to print the two reference forms and give to those you have asked to serve as your references. They, too, can mail the forms or email as an attachment as indicated above.

Should you have any questions, please call 229 924-0391 or email [internship@koinoniafarm.org](mailto:internship@koinoniafarm.org)

### Term:

- Spring (Feb-May)       Summer (June-August)       Fall (Sept-Jan)

### Interview type:

- I would like to visit Koinonia Farm and interview in person.
- I cannot visit the farm in advance, but would like to interview for the internship via phone or Skype.

### Personal Information:

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_

Country: \_\_\_\_\_

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Birthday (Format MM/DD/YYYY): \_\_\_\_\_

Gender:  Female  Male

Current Occupation: \_\_\_\_\_

Have you been to Koinonia before? \_\_\_\_\_

How did you hear about Koinonia? \_\_\_\_\_

Will anyone else be coming with you for the internship (I.E. Spouse, children)? Please list names and ages.

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Application Essays:** Please answer on a separate sheet of paper.

**Life Experiences** — Please tell us about yourself, what has happened in your life that has shaped who you are, and what has led you to want to do an internship at Koinonia Farm. Please remark on your work and educational experiences as well as your interests.

**Spiritual Journey** — Share about your journey. What have been the major influences and beliefs that have shaped you into who you are today? How do you attend to your spiritual health? What has been the greatest challenge you've had to face regarding your religious beliefs?

**References:** Your references must be non-family members. Please list those you are asking to serve as a reference.

**Reference 1:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Reference 2:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant Agreement:**

To the extent of my knowledge, the information on this application is truthful and accurate. I understand that should my background check reveal evidence of criminal activity and/or child abuse, I will be disqualified from consideration. By means of this release, I authorize Koinonia Farm to make inquiries about me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date