

INTERNSHIP APPLICATION

Name: _____ DOB: _____

Address: _____

(Street)

(City/State)

(Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

I am applying for the Summer of 20____ Dates available: _____

College/University attending: _____ City/State/Zip: _____

Year of college? _____ Major? _____

Expected graduation date: _____

Awards/Achievements: _____

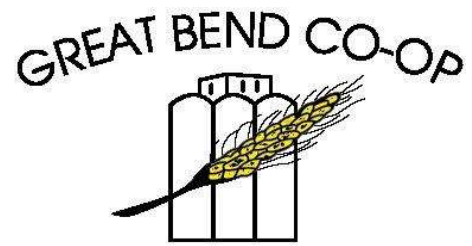
Please identify times of day and days of the week available:

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Student Signature

Date

Completed by Great Bend Co-op Staff: The information above is verified and accurate to the best of my knowledge.	
Staff Name: _____	
Staff Signature: _____	Date: _____



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Please respond to the questions below:

1. Why do you wish to intern at Great Bend Co-op?
2. What are your strengths?
3. What do you expect to gain from this internship?
4. What part of the agriculture business interests you most?

Please email applications to gwest@gbcoop.com.