



# HERBACULTURE INTERNSHIP PROGRAM

## 2017 APPLICATION FORM

2017 Session dates	Application due (recommended only)	Session filled by (estimate only)
Spring: March 30-June 8	Nov 15th	Dec 18th
Summer: June 15-Aug 31	Feb 14th	March 14th
Fall: Sept 7-Nov 16	May 1st	June 1st

### *Application Checklist:*

#### **Completed Application Form**

*Please take time to read all questions carefully before you begin to complete this form. How fully and directly you respond to each, is an important indicator of your fit to this focused and intensive program.*

*You may type or handwrite your answers. If you are handwriting, please print clearly.*

#### **2 Letters of Recommendation (can be mailed/emailed separately)**

*These can be from people you have worked for or with and should address your*

- interest in Herbalism,*
- experience living and/or working as a member of a team, and*
- your physical ability to do production farm and landscape work in changeable climate.*

*Letters can be mailed with your application, sent directly, or emailed to: [mkelfarm@herb-pharm.com](mailto:mkelfarm@herb-pharm.com)*

#### **Signed Program Policies and Requirements Agreement**

*This can be found as the last page of this document. A complete list of policies and agreements will be sent upon acceptance.*

**Mail forms to: Herbaculture Internship Program  
Herb Pharm  
PO Box 116  
Williams, OR 97544**

**Email forms to: [mkelfarm@herb-pharm.com](mailto:mkelfarm@herb-pharm.com)**

**You will receive an email confirming the receipt of your application shortly after its arrival. Thank you in advance for your patience.**

**Questions? Contact - Maya Wauters, Program Coordinator, at [mkelfarm@herb-pharm.com](mailto:mkelfarm@herb-pharm.com)  
Please see our FAQ page on the website for more details about the program.**



7. Please describe your interest in the scientific and energetic aspects of herbalism and health.
  
8. What formal education have you had beyond High School?
  
9. What are your short and long term career goals or your present focus?
  
10. What role do you feel participating in this program will enable you to play personally and within your community?  
Please include whom or what you consider as your community.
  
11. Our program includes hands on organic farm and gardening work in our herb fields, education garden and residences. Please describe your experience doing production work in a similar environment. Include familiarity with Good Agricultural Practices, experience doing precise, repetitive activities for at least two hours at a time such as harvesting, chopping, garbling, pruning, hoeing, transplanting. Indicate the type of weather in which you did these activities.
  
12. The hands-on part of this program includes bending, stooping, squatting, digging, hoeing, hand picking, pruning, clipping, chopping, lifting, and hiking for hours at a time. Unresolved physical injuries, potentially communicable conditions, and constitutional weaknesses might limit your ability to do this work as you will be expected to participate daily in the full range of field and landscape activities. Please **disclose any physical or constitutional condition that might need to be discussed during the interview process**. This includes severe periodic cramping, PMS, as well as, medicated emotional conditions including depression, ADD, PTSD and Bi-Polar disorder. Please include any known allergies as work on the farm involves working in and around a wide variety of plants and grasses.

Please note that any physical injury or accident that takes place between now and the start of the session must be reported, as it may be necessary to delay your participation. Additionally, any contagious condition that is disclosed or arises during the program must be reported and may necessitate your early departure, as Good Manufacturing Practices (FDA Regulations) and Good Agricultural Practices would prevent your participation in the program.

13. Group living is a major part of this program. Our interns share a bedroom with 2 or 3 other students, are responsible for group food buying, menu planning and cooking healthy, nutritious shared meals. You will also be expected to maintain a high standard of neatness and hygiene in all areas of the house, medicine lab and grounds. What experience do you have living and working with others in a similar intensive arrangement; this can be another internship, AmeriCorps, school or sports, or any other situation in which you spent more than two weeks working with a group on a focused project.
  
14. The majority of your meals here will be shared. Because of limited kitchen space and intensive program schedule, we are unable to accommodate strict dietary restrictions and do not allow any extreme dietary practices such as fasting or detoxing while you are in this program. Are you comfortable and understand that if accepted you will be expected to honor our food policies? (For more details about the food policy, see the policies and requirements agreement)
  
15. Food will be purchased communally and typically feature vegetables, whole grains (including those with gluten), dairy and meats. Are you comfortable contributing at least \$150 per month, in cash (not food stamps), towards communal foods regardless of food preferences?
  
16. Because of the close living quarters, as well as, the nature of work on a production herb farm/ FDA regulated facility, we are unable to accommodate interns with communicable disease (e.g. Tuberculosis, Pneumonia, Smallpox, MRSA, and Malaria, among others). If you know that you have a communicable disease, we regretfully cannot consider your application. Do you understand the reasons for these restrictions and do you agree to inform Herb Pharm immediately if you suspect any of the above conditions?
  
17. Due to the intense and demanding physical and emotional aspects of this program and while many interns learn natural alternatives to prescription medications, this is not the time or place to “go off your meds” as this affects hormonal and immune health. Do you understand and agree not to change any supervised medical health regimen while a participant in this program?
  
18. The Intern House is well equipped, but there are some things that you will need to bring with you, these include a sleeping bag, pillowcase and a warm washable blanket. The physical space that you will be sharing is limited and we ask that you not bring extra things with you into the household without prior approval from the program coordinator. Are you comfortable with these restrictions? *Note a packing list of things to bring will be sent to you after acceptance.*
  
19. Due to the intense nature of this program, we ask that you do not plan outside activities during the week. This includes working, having guests, taking other classes and travel. Are you comfortable making this commitment?
  
20. Please describe rules and agreements you have made in other similar programs and what challenges you have faced in abiding by them, as well as, what benefit you perceived from them.

21. What special talents, hobbies or interests do you have?

22. How do you plan on traveling here and what means of transportation will you be relying upon while here? Car? Bicycle? Walking?

23. Assume there are six people equally qualified with you. What makes you unique to the program at this time?

24. Is there anything else that you would like to tell us about yourself to help us evaluate your application?

**Work, Education and Activity History:** Please provide the following information about the employers, teachers or programs that you have been working with over the past five years.

From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities.

From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities.

From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities

From \_\_\_\_\_ To \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities

## Program Policies and Requirements Agreement

(A complete list of policies and requirements will be supplied upon acceptance to the program)

- We cannot accommodate pets, children or partners and require that you be fully engaged in all aspects of the program.
- Outside activities are limited to weekends when there is no class and no guests are allowed to stay overnight on weekdays.
- We cannot accommodate any strict individual dietary needs other than whole, natural, organic, ethically raised foods. "Strict" is defined as: you are at the risk of illness due to sensitivities around diet and/or need separate pans, knives, cutting boards, etc. to accommodate your dietary needs. This includes, but is not limited to strictly raw, vegan, gluten free diets, and food allergies to common ingredients such as wheat, dairy, the latex group, garlic or onions. Vegetarianism is allowed, but you must be comfortable sharing a household with others who eat meat. We do not allow any extreme dietary practices such as fasting or detoxing while you are in this program.
- Due to the living and working arrangements we cannot allow anyone to participate who has been diagnosed with or suspected to have a communicable health condition (e.g. MRSA, Tuberculosis, Malaria, and Typhoid).
- Several low-dose, toxic, narcotic plants grow either wild or in cultivation here; none of these plants are allowed in the Intern House, Medicine Lab or grounds.
- All personal harvests on the farm premises must be with permission from the Farm Manager.
- Should any condition arise that would keep you from fulfilling your commitment to the program, you must notify the program coordinator immediately and understand that you may no longer be able to participate in the program.

*Please read the text below and provide an electronic signature (type your name).*

*I have read the above policies and requirements and agree to them if accepted.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_