

P.O. Box 1045, Kimberton, PA, 19442. Phone: 610-935-3963 Email: information@camphillkimberton.org

PRACTICANT APPLICATION 2019

		Date of Application:				
Name:						
Address:						
Phone:		Email:				
Skype address:						
Date of birth:				Female	_Male	
Proposed dates of		to _				
Your age	Marital status					
EDUCATION						
	<u>Name</u>	<u>Location</u>		<u>Graduated?</u>	<u>Date</u>	
High School **						
College (University)**						
Other**						

Describe any employment or volunteer experience you have had, with dates.

^{** -} In place of "references", please provide a letter of recommendation from the school or organization through which you will be participating in this practicum.

GENERAL INFORMATION

What motivates you do an internship in our community?
What particular strengths would you bring to community life, working with people with special needs, in housework, land work or crafts?
What do you feel would be particularly challenging for you?
Do you have a special diet? If so, please describe briefly:
Please describe your current and past relationship to alcohol and illegal substances (drugs) including marijuana.
Do you take any medication? Yes/no? If yes, what do you take, for what condition?
Do you have any special needs or medical issues that we should be aware of (for example: allergies, or personal needs)?

Please write a brief "autobiography" of yourself (just three or four paragraphs) describing a little about yourself so that we can get a better feel for "who you are".

Person to contact in case of emergency during your stay:

Name	address	telephone number
Relationship to y	ou	
emotional he required durir	alth. I understand that I am resing my stay in Kimberton Hills.	olication are accurate. I am in good in good physical and sponsible for any medical or dental expenses that may be I understand that I will not be receiving payment for my nd board while volunteering at Kimberton Hills.
	Date	Signature of Applicant

Note:

Camphill Village Kimberton Hills requires a \$75 administrative fee for each practicant who we accept into our program. We ask that the fee be paid on a practicant's first day here. Thank you.