



The Pfeiffer Center

260 Hungry Hollow Road, Chestnut Ridge, NY 10977 • 845.352.5020 x20 • Fax 845.352.5071 • info@pfeiffercenter.org • www.pfeiffercenter.org

Internship Application

Please return to: Pfeiffer Center Admissions
260 Hungry Hollow Road, Chestnut Ridge, NY 10977
Phone (845) 352-5020 / Fax (845) 352-5071
info@pfeiffercenter.org / www.pfeiffercenter.org

Please print or type:

Name (Last, First, Middle Initial) _____ Date of Birth (M/D/Y) _____

Current Address _____

Phone _____ Email Address _____

Permanent Address and Phone (if different) _____

Place of Birth _____ Country of Citizenship _____ Type of Visa _____

Sex: M F Marital Status (optional) _____ Spouse's Name (optional) _____

IN CASE OF EMERGENCY please contact:

Name _____ Relationship to you _____

Address _____

Home Phone _____ Work Phone _____

Educational Background:

Name and Location of High School _____ Graduation Date _____

List any college or university attended starting with earliest enrollment:

| Institution | Address | Mo/Yr to Mo/Yr | Degree | Credits |
|-------------|---------|----------------|--------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |



Employment History

List employment (Please be specific; attach resumes or use separate page if necessary.)

Biodynamics and You

How did you learn about The Pfeiffer Center? Please be specific. _____

Are you acquainted with biodynamic agriculture and/or the works of Rudolf Steiner? If so, please list what you have read:

Personal Interests (Skills, hobbies, musical instruments, languages, etc.): _____

On a separate sheet of paper, please respond to the following questions:

- 1. Why do you wish to be an intern at The Pfeiffer Center? What are your personal and professional goals in relation to this position?
- 2. In approximately one page, give a brief biographical sketch of yourself, including any information which you think may be helpful to us in considering your application.

Important:

- 1. A non-refundable application fee of \$10.00 must accompany this application. Please attach check or money order made payable to The Pfeiffer Center. (Please do not send cash)
- 2. Enclose a medical form signed by your physician.
- 3. Personal interview required: please call 845-352-5020 x20 for an appointment.
- 4. Send one professional reference.

I certify that all the responses on this application are complete and accurate to the best of my knowledge. I understand that falsifying any part of this application may result in cancellation of admission and/or registration.

Signed _____ Date _____