

Send completed form to:
 Jim Salyards
 Filoli Internship Program
 86 Cañada Road
 Woodside, CA 94062



Phone: (650) 364-8300, ext. 223
 Fax: (650) 366-7836
 Email: jsalyards@filoli.org
 Web site: www.filoli.org

INTERNSHIP & APPRENTICESHIP APPLICATION

PERSONAL INFORMATION	
Current Date:	
Name (Use name as it appears on Registrar's records):	
Current Address (Street, Apartment No.):	
City/State/Zip:	
Phone:	Student Number:
Fax:	Email:
Permanent Address (Street, Apartment No.):	
City/State/Zip:	
Permanent Phone:	
College/School:	Major:
Current Class Level:	Graduation Date:

PROGRAM INFORMATION	
10-week Internship Session: (Please check our website for current dates)	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter Year: _____
6-month Apprenticeship: (Please indicate period when you would like to train):	From: _____ To: _____
Will you need housing? Please note that Filoli has <u>limited housing</u> available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need Filoli to provide transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What do you expect to learn from the internship/apprenticeship?
What are your personal, academic and career objectives (expectations, goals, etc.)?

What are your skills, abilities and knowledge?

Major horticulture classes (credits) related to objectives and internships:

Previous employment

Dates	Position	Company	Supervisor	Contact Info	Responsibilities

Volunteer Activities

Previous Internships

Work References - Including but not limited to horticultural positions

<i>Name</i>	<i>Company</i>	<i>Contact Info (address, phone, email)</i>

Other information (resumé, CV) may be attached.

Have you mailed your transcripts (unofficial are permissible)?

Yes No

Have you mailed your three letters of recommendation?

Yes No

Names of persons submitting letters: _____

I certify that all statements are true and complete. I agree and understand that any misstatements or omissions of material facts herein may cause my immediate termination from the program with Filoli Center. I understand that reference checks may be made regarding my past employment, and I understand that if I do not meet the announced requirements, I will be eliminated from the examination process. At time of hire, employees must meet the documentation requirements of the immigration reform and control act of 1986. I understand all employment at Filoli is at will:

Signature: _____ Date: _____