



The Pfeiffer Center

BIODYNAMICS AND ENVIRONMENTAL STUDIES

Internship Application 2010-2011

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:

_____	month	day	year
Name (Last, First, Middle Initial)	Date of Birth		
Current Address	Phone		
Permanent Address (if different)	Phone		
E-mail Address			
Place of Birth	Country of Citizenship	Type of Visa	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status (optional)	Spouse's Name (optional)	
Names and ages of children who will be living with you (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
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List employment (Please be specific; attach resumes or use separate page if necessary.)

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 _____