



**Easton Urban Farm
Youth Internship Program
APPLICATION DIRECTIONS**

- ✓ To apply, you must be 14 years old by June 1, 2021, and entering Grades 9, 10 or 11 for the 2021-2022 school year
- ✓ You must be able to attend the entire Summer Program from June 21 through August 13, 2021
- ✓ Answer the questions on page 2 of the Application Form

Follow the directions listed below. To apply for the Youth Internship Program, you must complete each task. Check off the boxes as you go.

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Read the Youth Internship Program Brochure

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Fill out the first page of the application

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Answer the questions on page 2 of the application

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Give the Reference Form (page 3 of the application) to an adult who knows you well but is NOT in your family (for example, a teacher). Make sure they know it is due May 7, 2021.

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Submit your application to The Neighborhood Center!
We MUST have it by May 7, 2021! (NO EXCEPTIONS)

MAIL OR DROP OFF COMPLETED APPLICATION TO:

Hadar Re'em
The Neighborhood Center
902 Philadelphia Rd.
Easton, PA 18042

Application can also be submitted by email to hreem@eastonanc.org

If you have any questions, contact Hadar Re'em at (610)253-4253



The Neighborhood Center

YOUTH INTERNSHIP PROGRAM

Application Form

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

Sex: _____Female _____Male _____Nonbinary

_____Transgender _____Prefer not to say

Race/Ethnicity: _____African-American/Black _____Asian _____Caucasian/White

_____Hispanic/Latinx _____Native American _____Pacific Islander

Current Grade: _____ School _____

Parent/Guardian Name(s): _____

Home _ Telephone: _____ Cell Telephone: _____

Name of person writing your reference: _____

This person is my (circle one): coach teacher employer other

How did you find out about the internship program? _____

APPLICATION QUESTIONS

We want to know who you are! Think carefully about your personal answers to these questions. Write as completely as you can. You may attach a separate sheet if you need more room.

1. Why do you want to participate in the Youth Internship Program?

2. Tell about a time when you helped a friend, family member, or someone in your community. What was the situation and what did you do? How did you feel about it?

3. What do you think will be your biggest challenge as an intern this summer?

4. What do you want to get out the internship?

Thank You! If there is anything else you would like us to know, feel free to attach another sheet of paper.



**URBAN ROOTS YOUTH INTERNSHIP PROGRAM
REFERENCE FORM**

APPLICANT

1. Enter your name
here: _____

2. Give this form to an adult who knows you well, but who is not a member of your family, such as a teacher, coach, minister, etc.

3. Explain to that person why you want to participate in the internship program.

4. Ask that person to fill out this form and return it to The Neighborhood Center.

REFERENCE WRITER

Thank you for taking the time to offer your perspective on this youth! Please follow these steps.

1. Fill in the requested information below and answer the three questions at the bottom of the page.

2. Mail, email, or drop off this form to: Hadar Re'em, The Neighborhood Center, 902 Philadelphia Road, Easton, PA, 18042 or hreem@eastonanc.org

REFERENCE IS DUE MAY 7, 2021

Name: _____

Title: _____ Organization/School: _____

Address: _____

Phone
Number: _____ Email address: _____

Please answer the following questions as fully as possible. Attach your answers to this sheet.

1. How long and in what capacity have you known the applicant?
2. What do you know about the applicant's work habits, learning style, and role in group settings?
3. How do you feel this summer internship will benefit the applicant?

If you have any questions, contact Hadar Re'em at (610) 253-4253