

Farm to Preschool Internship Application
New York City Department of Health and Mental Hygiene

Contact Information			
Name:			
Address:			
Phone Number:		Email:	
School Information			
Current School Name:			
Expected Year of Graduation :			
<p>Would you use this internship to satisfy a fieldwork or other requirement? ""Yes" "No If yes, please describe and complete Fieldwork Internship information below.</p>			
Fieldwork/Internship Information			
Director Name:			
Phone Number:		Email:	
Languages:			
Are you fluent in Spanish?	Yes	No	
Are you fluent in Bangla?	Yes	No	
Please share any planned vacation/time away this summer.			

1. **Why are you interested in the Farm to Preschool Internship at NYC DOHMH?**

2. **What experience do you have working in child care centers and/or other community settings?**

3. **What experience do you have conducting nutrition education and cooking demonstrations?**