



PDPW Enhanced Internship Program

Student Application

Name: _____

Address during school: _____

City: _____ State: _____ Zip: _____

Permanent/Home address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ School Phone: _____

Home Phone: _____ Email: _____

School Attending: _____

School Advisor Name: _____ Advisor Phone: _____

Major: _____

Expected Graduation Date: _____ Date of Birth: _____

Education to Date:

<i>School</i>	<i>Dates</i>	<i>Degree and Major</i>

State your goals for participation in this internship program. Be specific.

Describe the desired time frame of your internship (for example, starting May 22 to August 15 or July 1-31). Starting and ending dates should be selected with your internship provider.

Skill level evaluation: *Indicate experiences to date in each of the categories below.*

	EXCELLENT	GOOD	FAIR	NO EXPERIENCE
Machinery operation				
Milking processes				
Calving assistance				
Artificial insemination				
Feeding – nutrition				
Herd health issues				
Business management skills				
Computer skills				
Cropping skills				

Describe any special concerns, skills, aptitudes, and relevant courses that have been completed to help achieve your internship goals.

Signature _____ Date _____

Please attach a cover letter and resume and mail to:

Professional Dairy Producers of Wisconsin
 Enhanced Internship Program
 N5776 US Hwy 151, Suite 1
 Fond du Lac, WI 54937

Questions? Please call Susan Orth at 800.947.7379 or email sorth@pdpw.org.

If you have additional questions, please contact the PDPW internship advisor at your school.

Dr. Ric Grummer, UW-Madison, Phone: 608-263-3493
 Dr. Mike Mee, UW-Platteville, Phone: 608-342-1754
 Dr. Steve Kelm, UW-River Falls, Phone: 715-425-3704
 Dick Cates, UW-School for Beginning Farmers, Phone: 608-588-2836



PDPW Enhanced Internship Program

References

Name of Intern Applicant _____

Name of Reference _____

Reference's Address _____

Telephone _____ Email _____

List the reference's relationship to the applicant? _____

Applicant's Reference should fill out the remainder of this form

How long have you known the applicant? _____

Skill level evaluation: Please rate the applicant on the following items:

PERSONAL SKILLS	EXCELLENT	GOOD	FAIR	NOT OBSERVED
Flexibility to change				
Reaction to stressful situations				
Enthusiasm				
Cooperation with others				
Reliability				
Initiative				
Sense of humor				

Describe the applicant's greatest strengths and weaknesses regarding dairy production skills.

Describe the applicant's greatest strengths and weaknesses regarding the ability to work together with other people.

Please add any additional information you feel would assist in the intern-trainer matching process.

Signature _____ **Date** _____

Mail the completed form to:

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Enhanced Internship Program
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Fond du Lac, WI 54937

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