## F.A.R.M C.A.M.P FRONTIER AREA RURAL MENTAL- HEALTH CAMP AND MENTORSHIP PROGRAM Participant Application



APPLICANT INFORMATION														
Last Name					First				M.I.		Birth- day			
Street Address										Ара	Apartment/Unit #			
City					State				ZIP					
Phone					E-mail Address									
School				Grade I	evel					GPA				
Are you available for a one week period this summer to attend FARM CAMP?			YES	N	0	Do you have, or could you a transportation to the camp					on, NE?	YE	S 🗌	NO 🗌
Do you have medical issues that might require special accommodations?			YES	N	0	If yes, what?								
Have you ever been arrested for a crime? YES				N	0	If yes	If yes, explain							
INTERESTS														

1. How did you hear about Farm Camp, and why are you interested in attending?:

2. What are your eventual career plans/interests?

3. Do you plan to live in this area, or another rural area as a working adult? Why or why not?

## REFERENCES

Please list <b>three</b> non-family references. These can be teachers, administrators, employers, mentors, pastors, etc. Also attach <b>one</b> written letter of recommendation (which can be written by one of the names below).							
Full Name	Relati	onship					
Company	Phone						
Address							
Full Name	Relati	onship					
Company	Phone						
Address							
Full Name	Relati	onship					
Company	Phone						
Address							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature		Date					

Please return this application to: Western Nebraska Behavioral Health 307 Conrad St Rushville, NE 69360 drcate@westernnebraskabehavioralhealth.com