



# Dairy Herd Management Program On-Farm Placement / Emergency

**Please send to:** Admissions  
Lakeshore Technical College  
1290 North Avenue  
Cleveland WI 53015-1414  
Fax: 920-693-3561

Dairy Herd Management on-farm internship placement requires additional student information. The following information helps ensure successful placement. In meeting the needs of all program students and cooperating (internship) farms, the program attempts to accommodate your request. However, not all requests can be met.

Today's Date		SS#	
Name		Email Address	
Address		City	State Zip
Home Phone ( )	Cell Phone ( )	Best Time to Call	
Planned Entry Date into Program		Fax Phone ( )	

1.  Male  Female Age\_\_\_\_\_  Single  Married # Children\_\_\_\_\_

2. What is your dairy background? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Born and raised on a dairy farm               | <input type="checkbox"/> Two to three summers working on a dairy farm           |
| <input type="checkbox"/> Have had high school agriculture classes      | <input type="checkbox"/> Worked on farm (other than parents) during high school |
| <input type="checkbox"/> Have had post-high school agriculture classes | <input type="checkbox"/> Have had posthigh college classes                      |
| College attended_____ Location_____ College Degree Obtained_____       |   |

3. Do you need to be placed on a farm?  Yes  No

4. If you do not need to be placed on a farm, please check the appropriate option below, provide employment information, and skip to Question 11.

- I will be living at home  I have already made my farm arrangements

If arrangements have been made, provide contact information of where you will work while attending LTC..

Name	Phone
Address	City State WI Zip

5. When would you like to start work at your cooperating (internship) farm?

- As soon as possible  One to two weeks before school starts  
 Right before school starts

6. If you need to be placed on a farm, check which situation you would prefer.

**Herd Size**

- 60-100  
 100-250  
 250+  
 No preference to size

**Type of Setup**

- Stall barn/pipeline  
 Free-stall parlor  
 Grazing / swing parlor  
 Flat-barn parlor  
 No preference to set-up

7. Breed & Herd of Choice. For each, check which situation you would prefer.

- |  |  |
|--|--|
| <input type="checkbox"/> Holstein      | <input type="checkbox"/> Registered    |
| <input type="checkbox"/> Colored Breed | <input type="checkbox"/> Grade         |
| <input type="checkbox"/> No Preference | <input type="checkbox"/> No Preference |

8. Which of the following situations would you prefer?

- Live at the farm you are cooperating with.  Live in separate housing of your choice.  
(Common with parlor setups)

9. Which farm situation would you prefer?

- Work one to two weekends each month.  Work most weekends/work as much as possible.

10. Which farmer would you prefer to live with?

- Young couple with small children  No Preference  
 Middle-aged couple with older children

11. List any health problems you may have. \_\_\_\_\_  
 Smoker  Nonsmoker
12. When was your last Tetanus immunization? \_\_\_\_\_  
 Note: It is highly recommended that you are current with both your Tetanus/Diphtheria and Tuberculin Skin Tests. Call your Public Health Nurse for appointment.
13. Other than dairy cattle, list your interests, and related achievements, associations, memberships, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Rank these areas of interest; with #1 being first.  
 \_\_\_\_\_ Record Keeping \_\_\_\_\_ Cow Families/Breeding \_\_\_\_\_ Feeding/Rations  
 \_\_\_\_\_ Showing Cattle \_\_\_\_\_ Veterinary/Herd Health \_\_\_\_\_ Field Work  
 \_\_\_\_\_ Calf Care \_\_\_\_\_ Crops/Soils \_\_\_\_\_ Milking
15. Previous Employment:  
 Dates: \_\_\_\_\_ Name \_\_\_\_\_ Location \_\_\_\_\_  
 Dates: \_\_\_\_\_ Name \_\_\_\_\_ Location \_\_\_\_\_  
 Dates: \_\_\_\_\_ Name \_\_\_\_\_ Location \_\_\_\_\_
16. Is there anything you want to add as it pertains to the on-farm placement?  
 \_\_\_\_\_
17. Have you ever been convicted of a crime? \_\_\_\_\_  
 If "yes," state the 1) nature of the offense, 2) when, 3) where, and the 4) disposition.  
 \_\_\_\_\_
18. Do you hold a valid driver's license? \_\_\_\_\_

### Student Emergency Information

19. Known Medical Condition(s) \_\_\_\_\_
20. Medications Presently Taken \_\_\_\_\_
21. Allergies \_\_\_\_\_
22. **In Case of an Emergency, Please Notify:**  
 \_\_\_\_\_  
 Circle Parent / Spouse / Other Home Phone Cell or Work Phone
23. Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Local Hospital Preference \_\_\_\_\_  I have no local hospital preference.

### Consent for Release of Confidential Information

I, \_\_\_\_\_, give my permission to Lakeshore Technical College staff, its employees and agents, to release 1) the above information or a copy of this form, 2) my attendance and grade information, and 3) my Student Emergency information, as part of and for the purpose of facilitating the on-farm placement process, to prospective cooperating farmers. This release expires two (2) years from the date of my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If a minor, please have a parent/guardian sign.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact Don Geiger, Counselor, 1.888.468.6582, Extension 1109.