



McKenzie's Farm Picker Application

Date _____ Age _____

Name _____

Have you worked for us before? Yes _____ No _____

Parent/Guardian _____

Address _____

Town _____

Telephone number that is best to reach you in the evening: _____

Allergic to bees? _____

Health Insurance

Provider: _____

Policy

Number: _____

Phone Number where parent could be reached during the day: _____

I _____, allow for the emergency
treatment

of my child, _____

Date _____