

Intern Application



Applicant Information		
Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Have you ever been convicted of a Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:	
How did you hear about our internship program?		

Availability							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 8-12)							
Afternoon (approx. 12-4)							
Evening (approx. 5-9)							

Areas of Interest					
Please indicate which area interests you:					
<input type="checkbox"/> Social Work	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Development	<input type="checkbox"/> Education	<input type="checkbox"/> Physical Ed	
<input type="checkbox"/> Event Planner	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Social Media	<input type="checkbox"/> Business	<input type="checkbox"/> Grant writing	
<input type="checkbox"/> Marketing	<input type="checkbox"/> Public Relation	<input type="checkbox"/> Other, please explain: _____			

Experience/Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:

Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

Personal Information
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
How many hours do you need to complete your internship? _____
Do you have use of your own vehicle during the internship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your long-term career goals:

Professional References	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: