



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 felony?		If yes please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
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. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Areas of Interest	
Please indicate which area interests you:	
<input type="checkbox"/> Casework <input type="checkbox"/> Events <input type="checkbox"/> Website	<input type="checkbox"/> Planning <input type="checkbox"/> Office <input type="checkbox"/> Writing <input type="checkbox"/> Development <input type="checkbox"/> Marketing <input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> Education <input type="checkbox"/> Registration <input type="checkbox"/> PR

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?	If yes, please indicate school and concentration:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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?
Describe your long-term career goals:
Will you consent to a background check?

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

Emergency Contact	
Name	
Relationship	
Daytime Phone	
Evening Phone	

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: