



Intern Application

Name _____
FIRST MIDDLE LAST

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Cell/Other _____

E-mail _____

Is this internship placement a requirement for school? YES NO

If so, what school do you attend? _____

How many hours are you required to complete? _____

Who is your faculty advisor? _____

TIMES AVAILABLE FOR INTERN/VOLUNTEER WORK

Please indicate the most convenient time(s):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Are you interested in on-going volunteer opportunities or internships? YES NO

SKILLS AND QUALIFICATIONS

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.