



Internship Program Application

Name:

First	Middle	Last
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Address:

Street and Number	City	State	Zip Code
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Phone Number:

() _____	() _____
Home	Cell

E-mail Address:

Best way and time to contact you?

Select the program for which you are applying:

- Spring (January - May)
 Summer (May – August)
 Fall (August - December)

Select the Internship Position you are interested in:

- Assistant to the President/CEO
 Assistant to the Vice President
 Marketing Coordinator
 Assistant to Youth and Education Program Manager

What is your preferred availability during the week? Weekends? Evenings?

Please fill-in the calendar with times and days of availability.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Please individually list and rate your computer literacy skills. Consider your proficiency in Microsoft Office programs (Word, Excel, PowerPoint, Publisher and Access) and website editing (WordPress).

- | | | | | |
|------|------|------|-----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Poor | Fair | Good | Excellent | Superior |
