



Applicant Information				
Last Name		First Name		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"/> Event Operations	<input type="checkbox"/> Communication	<input type="checkbox"/> Membership	<input type="checkbox"/> Info. Tech.	<input type="checkbox"/> Desktop Pub.	
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Bus. Dev/Marketing				



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 college and expected degree:
Is an internship required for your degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date (MM/YYYY):
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
Please include a cover letter, along with your resume and most recent college transcript.	

Personal Information
Why are you interested in an internship with our organization?
What specific experience would you like to gain through this internship?
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 the termination of my internship.	
Signature:	Date: