



INTERNSHIP APPLICATION

Name: _____

Phone: _____ Email: _____

Mailing Address: _____ City _____ Zip _____

Occupation: _____

Ethnicity/Island Heritage: _____

Allergies: _____

High School Information:

Name: _____

Diploma or GED: _____

Graduation Date: _____

College Information:

Name: _____

Major: _____

Minor (If applicable): _____

Dates of Attendance: _____

Degree Awarded: _____

Date Degree Awarded: _____

Emergency Contact Information:

Name: _____

Number: _____

Relationship: _____



Please rate yourself within the following areas. (0 being no experience to 5 meaning expert)

<i>Writing Skills</i>	0	1	2	3	4	5
<i>Social Media</i>	0	1	2	3	4	5
<i>Creativity</i>	0	1	2	3	4	5
<i>Teamwork</i>	0	1	2	3	4	5
<i>Punctuality</i>	0	1	2	3	4	5
<i>Marketing</i>	0	1	2	3	4	5
<i>Graphics Design</i>	0	1	2	3	4	5
<i>Communication</i>	0	1	2	3	4	5

Why are you interested in interning with our organization? _____

What personal skill or strength of yours do you think would benefit our organization as an intern?

Have you served or interned with a nonprofit organization? If so, please list and any office position you held:

What is something that you could improve about yourself? _____

What is your availability to start? _____