

Community Connections Program

Intern Application

Please follow these guidelines to complete the Intern Application:

1. Give complete and concise information on all lines of the form. Do not leave blank lines. If an item does not apply, please write N/A.
2. If you need more space, continue on the reverse side.

Student Information	
TODAY'S DATE:	
Name	
Address: (Include Street, City, ZIP)	
Phone Number:	
E-mail Address	
Student Background	
Volunteer Experiences:	
Work Experiences:	
Languages Spoken/Written:	Level of Fluency:
Interests	
Check off all interests:	
Childcare ___ Community Outreach ___ Immigration ___ Research ___ Human Resources ___ Tutoring ___ Advertising ___ Youth Development ___ Education ___ Health ___	
Other Interests:	
Availability	
Days and Hours Available:	
Mon: _____ Tue: _____ Wed: _____ Thur: _____ Fri: _____	
School/Course/Professor:	