

Internship Application



Intern program applying for (check all that applies):

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Asst | <input type="checkbox"/> Marketing/Graphic Design | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Non-Profit Management | <input type="checkbox"/> Special Events/Photographer |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Pen Pals 4 Haiti | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> IT | <input type="checkbox"/> Program/Casework | |

Name (First, Middle, Last): _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Secondary Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Date of Birth: _____

School Name: _____ Current Year in School: _____

Major: _____ Minor: _____

Internship is for academic credit: Yes No Work Study: Yes No

If yes for internship academic credit, please provide contact information for the internship instructor/advisor:

Name: _____

Email: _____

Phone Number: _____ Credits Needed: _____

Employment & Volunteer History (Beginning at most recent):

Employer: _____

City: _____ State: _____

Job Title: _____ Dates of Employment: _____

Job Responsibilities:

Supervisor's Name: _____ Phone Number: _____

Employer: _____

City: _____ State: _____

Job Title: _____ Dates of Employment: _____

Job Responsibilities:

Supervisor's Name: _____ Phone Number: _____

Employer: _____

City: _____ State: _____

Job Title: _____ Dates of Employment: _____

Job Responsibilities:

Supervisor's Name: _____ Phone Number: _____

Please indicate your availability for each day below between the hours of 9am and 5 pm:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

I, _____, agree to demonstrate professional behavior throughout my internship. Any information I have access to at BBBS is the exclusive property of Big Brothers Big Sisters of Mid-Florida, and I agree to keep the nature of such information confidential and not to use it for my personal benefit.

Signature: _____ Date: _____