

Intern Application

CENTER FOR POSITIVE SEXUALITY

Contact Information

Legal Name	
Affirmed Name	
Affirmed Pronouns	
Street Address	
City, ST, ZIP Code	
Phone #	Text OK <input type="checkbox"/>
E-mail Address	

Availability

Please indicate your general availability.

In Person	Online	
<input type="checkbox"/>	<input type="checkbox"/>	Weekday mornings
<input type="checkbox"/>	<input type="checkbox"/>	Weekday afternoons
<input type="checkbox"/>	<input type="checkbox"/>	Weekday evenings

In Person	Online	
<input type="checkbox"/>	<input type="checkbox"/>	Weekend mornings
<input type="checkbox"/>	<input type="checkbox"/>	Weekend afternoons
<input type="checkbox"/>	<input type="checkbox"/>	Weekend evenings

Season(s) Applying for:

Spring (Mar – May) Summer (Jun – Aug) Fall (Sep – Nov) Winter (Dec – Feb)

Interests

Please indicate in which areas you are interested in Interning:

- Research Intern
- Education Intern (Spring/Fall)
- Education Intern (Summer)
- Administration Intern
- Tailored "A La Carte" Intern (please specify):
 - Little bit of everything
 - Admin / Research
 - Research / Education
 - Education / Admin

Special Skills or Qualifications

Please summarize any special skills and/or qualifications you have acquired from previous employment, internships, volunteer work, or other activities, including hobbies or sports.

Previous Volunteer Experience

Please summarize any previous volunteer experience you have had.

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Emergency Contact

Contact Name	
Street Address	
City, ST, ZIP Code	
Primary Phone #	Text OK <input type="checkbox"/>
Secondary Phone #	Text OK <input type="checkbox"/>
E-mail Address	

Verification and Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statement, omissions, or other misrepresentations made by me on this application may result in immediate dismissal. I understand that this application is not, by any means, for employment and I will not be monetarily compensated for my time.

Printed Name	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual identity, sexual preference, age, or disability.

Thank you for completing our application and for your interest in interning with us.

Office Use Only

Interviewed By:	
Date:	
Means of Interview:	<input type="checkbox"/> In-person <input type="checkbox"/> Skype <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____
Internal Comments:	