

Internship Application



Intern program applying for (check all that applies):

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Finance | <input type="checkbox"/> Clubs (<i>teach dance, drums, etc.</i>) |
| <input type="checkbox"/> Non-Profit Management | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Program /Casework | <input type="checkbox"/> IT | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Marketing /Graphic Design | <input type="checkbox"/> Special Events/Photographer | |
| <input type="checkbox"/> Public Relations | | |

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 (if applicable): _____

Internship is for academic credit: Yes No

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

Name: _____

Email: _____

Phone Number: _____ Hours 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 check what days and hours you plan to commit. Minimum requirement is 10 hours a week. We are open Mon-Thurs: 8:00 am – 6:00 pm unless otherwise specified.

Monday

Tuesday

Wednesday

Thursday

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: _____