

INTERN APPLICANT INFORMATION

Name:(First) _____ (Middle) _____ (Last) _____

DOB: _____ Gender: _____ Present Nationality: _____

Address: _____

Email: _____ Home Phone: _____ Work Phone: _____

AVAILABILITY

Date available for internship from: _____ - _____

Are you interested in a part-time internship? _____ Yes _____ No

During which hours are you available for assignments?

_____ Weekday Mornings _____ Weekday Afternoons _____ Weekday Evenings

INTERESTS

Tell us which areas you are interested in:

_____ Administration _____ Events _____ Field Trips
 _____ Fundraising _____ Academic Tutoring _____ One-on-One Tutoring
 _____ Newsletter Production _____ Volunteer Coordination

OBJECTIVES

What are your objectives in undertaking an internship with ACH Clear Pathways? _____

LANGUAGES

What is your primary language? _____

Languages Spoken *Specify	Reading *Easily/Not Easily	Writing *Easily/Not Easily	Speaking *Easily/Not Easily	Understanding *Easily/Not Easily
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SELECT ONE (OR UP TO FIVE) AREAS:

_____ Refugee Protection _____ Community & Social Services
 _____ Research Policy & Analysis _____ Translation & Other Language Support
 _____ Editing/Publications

HIGHER EDUCATION

College and/or University Equivalent

Name of the Institution, Place, Country: _____

Month/Year Attended: _____ Degrees Obtained: _____

CAREER PLANS

EMPLOYMENT

Please describe any previous practical experience you have had.

REFERENCE INFORMATION

Indicate the name of your advisor or the Dean of the facility who can recommend you for the internship, describe your character, and qualifications.

Name & Title: _____

Address: _____

Email: _____ Home Phone: _____ Work Phone: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name:(First) _____ (Middle) _____ (Last) _____

Address: _____

Email: _____ Home Phone: _____ Work Phone: _____

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 statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed Name:(First) _____ (Middle) _____ (Last) _____

Signature: _____ Date: _____

* It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in interning with us.

