INTERNSHIP APPLICATION FORM

Personal Information

Full Name _____
Address _____
City, State, ZIP _____
Phone Number _____
Email Address _____
Date of Birth (Optional) _____

Internship Details

Position Applying For _____
Available Start Date _____
End Date (if known) _____
Desired Location (if applicable) _____
Preferred Schedule (Full/Part) □ Full-time □ Part-time
Are you applying for school credit? □ Yes □ No

Educational Background

School/University	Degree/Program	Major/Field of Study	Expected Graduation Date

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Relevant Skills or Coursework

Please list any coursework, skills, certifications, or tools relevant to the internship:

Work or Volunteer Experience *(If applicable)*

Organization	Role/Title	Dates of Involvement	Responsibilities

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Why Are You Interested in This Internship?
(Short paragraph or bullet points)

References *(Optional, or required depending on the role)*

Name	Relationship	Email	Phone Number

Declaration and Signature

I certify that all information provided is true and complete. I understand that any misrepresentation may disqualify me from the internship or result in termination.

Signature: _____
Date: _____
