



2018 SUMMER INTERN APPLICATION

Print Name (Last, First, & Middle)		Level in School (High School/College)	Date of Application	
Street Address		City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email		

PREVIOUS WORK & VOLUNTEER EXPERIENCE

Please list the names of your present or previous employers or locations that you have volunteered in chronological order with most recent listed first. [Add additional page if necessary]

Name of Employer or Volunteering Organization		Contact Name	May we contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment/Volunteer Dates (Month/Year)		Phone Number		
From	To			
Description of activities (note if paid or volunteer work):				

Name of Employer or Volunteering Organization		Contact Name	May we contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment/Volunteer Dates (Month/Year)		Phone Number		
From	To			
Description of activities (note if paid or volunteer work):				

Interns take on a variety of roles. Please check off any of the following skills you possess and are interested in contributing to the organization. In the "Other" section below, please list any other experience, skills, languages, or other talents you believe would be helpful to the organization.

<input type="checkbox"/> General Administrative Tasks (filing, copying, organization)	<input type="checkbox"/> Assisting with Customer service (answering phones, assisting callers)
<input type="checkbox"/> Creating Surveys & Evaluations	<input type="checkbox"/> Research & analysis
<input type="checkbox"/> Creating support materials, such as charts, graphs, or other visuals	<input type="checkbox"/> Graphic design for print & online materials
<input type="checkbox"/> Compiling, sorting, and analyzing data	<input type="checkbox"/> Social Media Marketing (web, Facebook, Twitter)
<input type="checkbox"/> Work with Microsoft Excel, Word, & PowerPoint	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Writing – creating newsletters, announcements, press releases, etc.	<input type="checkbox"/> Working with basic accounting & fiscal numbers
<input type="checkbox"/> Other, please describe:	

REFERENCES

Please list three references preferably of individuals who are familiar with you in school, work, or volunteering.

Name	Relationship	Phone Number and Email

EMERGENCY CONTACT

Name	Relationship	Phone Number

GENERAL INFORMATION

- Are you at least 16 years of age?..... Yes No
- On what date are you available to begin the internship? _____
- On what date would your internship need to be completed by? _____
- Days/Hours available:

Monday	Tuesday	Wednesday	Thursday	Friday

- Do you drive and/or own a vehicle? I drive and own a vehicle I drive but DO NOT own a vehicle No

CONFIDENTIALITY

I understand that anything I hear or learn regarding individuals during my work with Western New York Rural Area Health Education Center Inc. must be kept in the strictest of confidence. I accept that a breach of this confidentiality may result in an immediate termination with the R-AHEC Summer Intern program.

Signature: _____ Name (print): _____ Date: _____

Please complete the essay questions on Page 3.

