



National Organization of Sisters of Color Ending Sexual Assault (SCESA)

INTERNSHIP APPLICATION FORM

(Please print clearly or type all information)

Applicant Information							
Last Name	First				Date		
Street Address						Apt/Unit	
City		State			Zip		
Phone		Cell Phone					
Email address:							
Have you ever been convicted of a felony?				If yes please explain:			
<input type="checkbox"/> Yes							
<input type="checkbox"/> No							
How did you hear about our internship program?							
Availability							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							
Experience/Education and Skills							
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed							
Current or most recent paid position held							
Are you currently a full-time student?				If yes, please indicate school and concentration:			
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Level							
<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior				Areas of study:			
<input type="checkbox"/> Senior <input type="checkbox"/> Graduate student							
Do you speak any other languages?				If yes, please list language			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic			

Computer Skills/Software Used:

Personal Information

Why are you interested in an internship in our organization?

Please Tell us about your availability?

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.

Signature:

Date:

Please send completed application via email to Val Fergus at scsaprograms@sisterslead.org