



**STRENGTHENING KIDS & COMMUNITY  
THROUGH ANIMAL INTERACTION**

**Internship Application Form**

***In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume.***

Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Cell Number: \_\_\_\_\_ Permanent Telephone Number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you requesting that your college grant you credit hours for your internship? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

College: \_\_\_\_\_ School: \_\_\_\_\_ Major: \_\_\_\_\_

Degree Expected & Date : \_\_\_\_\_

Current year: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate School

<b>Experience</b>	
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	

## Availability

Please check semesters of availability:

Fall    Spring    Summer    Other, please explain: \_\_\_\_\_

Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (7 – 11 AM)							
Afternoon (4-6pm)							
Other hours CAMP (7:30-1pm)							

## Personal Information

Why are you interested in an internship in our organization?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

References	
Name	Title, Company/School, Relationship to you and contact info (e-mail and/or phone number)

**Community/groups/organizations :**

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**Activities relevant to a TRAK Internship:**

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**\*\*INTERNS MUST have Background Checks & Proof of Health Insurance\*\***

Disclaimer and Signature	
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: