## Internship Program Application

### Contact Information

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City ST ZIP Code</td>
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<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
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**Year in School:** (circle ONE)
- Freshman
- Sophomore
- Junior
- Senior

**Major:** ________________  **Minor:** ________________

### Availability

During which hours are you available for an internship assignment? (Check ALL that Apply)

- ___ Weekday mornings
- ___ Weekend mornings
- ___ Fall
- ___ Spring
- ___ Summer
- ___ Weekday afternoons
- ___ Weekend afternoons
- ___ Weekday evenings
- ___ Weekend evenings

### Interests

Tell us in which areas you are interested in pursuing an internship:

- ___ Accounting/Finance
- ___ Health
- ___ Biology/Chemistry/Science
- ___ Communication
- ___ Administration/Management
- ___ Information Technology
- ___ Education
- ___ Criminal Justice/Law
- ___ Marketing
- ___ Nursing
- ___ Social Services/Counseling
- ___ Performing Arts
- ___ OTHER Specify_________
Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous academic work, or through other activities, including hobbies or sports.

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Person to Notify in Case of Emergency

Name  _____________________________
Street Address _____________________________
City ST ZIP Code _____________________________
Home Phone (_____) _____ - _______
Work Phone (_____) _____ - _______ Ext. __________
E-Mail Address  ________________ @ ________________.com

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the internship program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Your signature below will allow the Office of Career Services, Indiana University Northwest to release the contents of your file to the authorized Internship Coordinator.

Student’s Name (printed) _____________________________
Signature ___________________________________________
Date ____________

Internship Coordinator’s Name (printed)  Tameeka Emory-Gamble
Signature _____________________________
Date ____________

Our Policy

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 the Internship program with us!