



Internship Application Form

ConnectAbility is a non-profit organization that works with people who have disabilities and their families. We are passionate about the individuals we serve and the opportunities we provide for them. Our goal is to offer an internship opportunity for students to gain real-world experience and to make an impact on the local community.

Discrimination because of race, color, religion, sex, handicap, sexual orientation or national origin is prohibited. To be considered for internship, you must submit a signed and completed application form, resume AND cover letter. Incomplete applications will not be reviewed.

Name _____ Date of Birth _____

Address _____

Email _____

School Name and Address _____

Name of Academic Advisor/Teacher _____ Advisor Email _____
Advisor Telephone Number _____

Are you legally eligible to work in the United States? Yes No

If you are not a United States citizen, are there any restrictions on your eligibility for employment?

Are you requesting that your school/college grant you credit hours for your internship? Yes No

What time do you have available?

What is your available start date? _____ When do your hours need to be completed? _____

Total hours required _____ Total hours per week available _____

Days available _____ Days NOT available _____

Preferred hours _____ Preferred days _____

Available from: _____ To _____

Available for 2 EVENINGS per month _____ Available occasional weekend hours _____

Why would you like to work as a ConnectAbility Intern?

Education (put IP for In Progress)

Type of School	Name and Location	Degree/Graduation Date
High School	_____	_____
College	_____	_____
Scholastic Honors	_____	_____

Community/professional organizations, honors and awards:

Activities, courses, or interests relevant to the internship for which you are applying

Employment History (includes paid, volunteer, and intern positions)

Most Recent Employer: _____ Telephone Number _____
Address _____

Supervisor (Name and Title)

Position Title: _____

Start Date: _____ End Date: _____

Description of Duties: _____

Why did you leave? _____

Employer 2 _____ Telephone Number: _____

Address: _____

Supervisor (Name and Title)

Position Title: _____

Start Date: _____ End Date: _____

Description of Duties: _____

Why did you leave? _____

References

Name _____ Telephone Number: _____

Company/School _____ Relationship: _____

Known how long? _____ E mail address _____

Name _____ Telephone Number: _____

Company/School _____ Relationship: _____

Known how long? _____ E mail address _____

Internship Expectations

What kind of internship are you interested in? _____

Mark any and all tasks that you feel you are capable of performing:

- Website, Facebook page maintenance (upload/share photos, news and content)
- Work with Mail Chimp (editing & scheduling e-blasts), Event Brite, and Word Press
- Develop/submit press releases
- Develop/maintain a blog
- Newsletter management and content creation
- Organize storage spaces and offices
- Creating Power Point presentations and flyers
- Planning established events (coordinating materials, activities, decorations, snacks)
- Schedule special guests
- Coordination of established transportation for participants
- Carry out plans and attend events

I certify that all of the statement in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____

Date: _____