



Internship Application

Name: _____

Address: _____

Street Apt# City/State/Zip

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Email: _____ Cell Phone: () _____ - _____

1. College/University _____

2. Major/Specialization _____

3. Anticipated Graduation Year _____ 4. Anticipated Degree _____

5. Do you have work study? Y N (if applicable)

6. Do you need to complete this internship for a school class/practicum? Y N

If yes, please list teacher/practicum or field placement coordinator contact information:

Name _____ Phone _____ Email _____

6. Do you speak another language other than English?

No Yes, please specify _____

Skills	Basic	Intermediate	Advance
Verbal			
Reading			
Writing			

7. Computer skills; please check all that apply.

MS Word MS Excel MS Powerpoint MS Access
 MS Publisher SPSS SAS HTML
 Other (specify) _____

8. Relevant course work or work/internship experience.

9. Academic or Professional Interests

10. Can you make a commitment to work at the Center for the Study of Asian American Health at the same day and time every week for the next 3 months? ___ Y ___ N

If no, what commitment can you make? _____

Days: Monday Tuesday Wednesday Thursday Friday

Times: _____ _____ _____ _____ _____

11. Where did you learn about the Center for the Study of Asian American Health? Check all that apply.

- Internet Employer/Colleague Advertisement
 Your School Other: _____

12. Certification of Application

I certify that the information in this application is true and complete to the best of my knowledge. I authorize the Center for the Study of Asian American Health to contact the places and persons listed for references as may be necessary for volunteer/internship placement. I understand that as a volunteer/intern I am required to abide by all rules and regulations of the Center for the Study of Asian American Health. *I understand that this application does not guarantee me a volunteer or internship position at the Center for the Study of Asian American Health.*

Name (please print) _____ Date _____

Signature _____