

Internship Application

Date: ____/____/____

Name: _____

Present
Address: _____

Phone: _____

E-mail: _____

Permanent
Address: _____

Phone: _____

How did you find out about ICR? _____

Semester applying for: Fall _____ Spring _____ Summer _____

Approximate dates of availability: from ____/____/____ until ____/____/____

Approximate hours of availability per week: _____ hours per week

Name of School: _____

Major/Concentration: _____

Academic Level: ____ High School ____ Undergraduate ____ Masters ____ Doctoral ____ Other

Is this internship for credit? ____ No ____ Yes

If YES, name of internship advisor/course professor: _____

Phone: _____ E-mail: _____

Areas of interest:

- | | | |
|-------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> HIV Prevention | <input type="checkbox"/> Health/Mental Health |
| <input type="checkbox"/> Education | <input type="checkbox"/> Arts/Cultural Heritage | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Basic Research | <input type="checkbox"/> Intervention Design | <input type="checkbox"/> Monitoring/Evaluation |
| <input type="checkbox"/> Research Ethics | <input type="checkbox"/> Grants/Development | <input type="checkbox"/> Communications |
| <input type="checkbox"/> At-Risk Populations | <input type="checkbox"/> Youth | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> International Research | <input type="checkbox"/> Other: _____ | |

Skills:

- | | | |
|------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Proofreading/Editing | <input type="checkbox"/> Developing Promotional/Education Materials |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Writing Grant Proposals | <input type="checkbox"/> Preparing/Giving Public Presentations |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Organizing Public Events | <input type="checkbox"/> Observation and Fieldnotes |
| <input type="checkbox"/> Webpage Design | <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Conducting Qualitative Interviews |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Outreach and Recruitment | <input type="checkbox"/> Managing/Analyzing Quantitative Data |
| <input type="checkbox"/> Designing Surveys | <input type="checkbox"/> Writing Literature Reviews | <input type="checkbox"/> Managing/Analyzing Qualitative Data |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Administering Surveys | <input type="checkbox"/> Writing Papers for Publication |
| <input type="checkbox"/> Working with Youth | <input type="checkbox"/> Working with Older Adults | <input type="checkbox"/> Working with At-Risk Populations |
| <input type="checkbox"/> Languages Other Than English (specify): _____ | | |

Briefly describe your experience or level of expertise with the skill areas you have checked including any international experiences you have had (use additional pages if necessary): _____

If there is a specific project/program area you would like to work with or learn more about, please specify:

What do you hope to get out of an internship at ICR? _____

References:

Name _____ Relationship _____

Address _____

Phone _____ E-mail _____

Name _____ Relationship _____

Address _____

Phone _____ E-mail _____

For Office Use Only – Supervisor: Complete fields through ‘Proposed Work Schedule’ and forward a copy of application to HR. For your records, fill in the remaining fields as you complete each step in the process.

Interview Date: ____/____/____

Project: _____ Supervisor: _____

Start Date: ____/____/____ Estimated End Date: ____/____/____ Preferred Office: # _____

Proposed Work Schedule Day/Hours: M _____ T _____ W _____ R _____ F _____

Application to HR: ____/____/____ HR Orientation Session: ____/____/____

Research Administrator Notified: ____/____/____ Ethics Orientation Session: ____/____/____

Computer Access Request to IT: ____/____/____