



INTERNSHIP APPLICATION

(Please Type or Print Clearly)

Year _____ Semester (check one) _____ Fall _____ Spring _____ Summer _____ Number of Credits _____

Area of Interest _____

Name _____ UA ID _____

Current Address _____
No. and Street _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Permanent Address _____
No. and Street _____ Home Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Driver's License # and State of Issue _____

Email Address _____

Number of Credits Completed to Date _____ Major GPA _____ Cumulative GPA _____

Degree Program: _____

List the agency title or office name and city of the three most preferred internship placements.

AGENCY TITLE / OFFICE NAME

LOCATION

1. _____

2. _____

3. _____

List courses you have taken which would assist you in a placement.

List Significant Work Experience; Including Volunteer Experience (attach additional pages, if necessary)

Job Title	Description	Hours Per Week	Dates Employed	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I authorize the CCEL to provide my academic record to the placement organization to be used in the intern selection process.

I authorize the CCEL to provide my date of birth, and driver's license number to organizations requiring a background check.

I release the Center for Community Engagement & Learning and its employees from all liability or harm arising out of communications regarding me, my academic record or personal background made in connection with my internship placement.

Signature _____ Date _____