

State of Vermont Internship Program

Internship Application**APPLICATION MATERIALS CHECKLIST**

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| 1. <input type="checkbox"/> Application Form | 2. <input type="checkbox"/> Cover Letter | 3. <input type="checkbox"/> Resume |
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PERSONAL INFORMATION

| | |
|---|---------------------------------|
| Name: Last, First, Middle | |
| Address (street, apt., city, state, zip code): | Mailing Address (if different): |
| Preferred Phone Number: | Preferred Email Address: |
| How did you hear about the Program? | |
| <input type="checkbox"/> Career Services Office <input type="checkbox"/> Professor/Academic Department <input type="checkbox"/> Website | |
| <input type="checkbox"/> Info Session. Please list event/location _____ | |
| <input type="checkbox"/> Other, Please Specify _____ | |

EDUCATION INFORMATION (Complete only if applicable)

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| College/University Attending: | Major/Degree Program: |
| Current Year in School: | Total Credit Hours Completed: |

GENERAL INFORMATION

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| Why are you interested in participating in the State of Vermont Internship Program? |
| What skills will you bring to an internship position? |

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INTERNSHIP POSITION SELECTION

Please list Position Choices, in order of preference, by position number and title.

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|----------------|----------------|----------------|
| 1. Position #: | 2. Position #: | 3. Position #: |
| Title: | Title: | Title: |

If you would like to participate in the State of Vermont Internship Program but do not see a position listed in which you are interested, please complete the following questions.

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| 1. Would you like to intern with an agency that does not have positions posted? If so, please list the agency(ies) in which you are interested. |
| 2. Are you looking for a position not posted on the Available Internships page? If so, please describe position. |
| 3. Are you interested in utilizing specific skills? If so, please describe skills. |
| Please select your term preference: <input type="checkbox"/> Fall 2009 <input type="checkbox"/> Spring 2010 <input type="checkbox"/> Summer 2010 |
| Desired Location: |
| When will you be available? (if unavailable please leave day blank) |
| Days of the week: Monday Tuesday Wednesday Thursday Friday |
| Hours Available Per Day: _____ _____ _____ _____ _____ |
| Total Hours Available Per Week: <input type="text"/> |

CERTIFICATION AND SIGNATURE

By signing below I certify that all information is accurate and complete and may be shared with prospective site intern supervisors at Vermont state agencies.

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|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|