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**KRM Lexington: Intern Application**

Please fill out all fields completely. If exact hours and start dates are not known, please provide an estimate. Interns are accepted on a rolling basis.

*General Information*

Name:       Today’s Date:

Address:       City, State:       ZIP Code:

Phone:       Alt. Phone (optional):       E-mail Address:

Do you have transportation? ☐ Yes ☐ No

Skype Name (optional):

If yes, can you transport clients in your vehicle? ☐ Yes ☐ No

Are you comfortable with utilizing public transit if trained to do so? ☐ Yes ☐ No

Emergency Contact Name:       Relationship:

Emergency Contact Phone:

*Availability*

Please list your availability to intern each day (start and end time):

Monday      :      -      :

Tuesday      :      -      :

Wednesday      :      -      :

Thursday      :      -      :

Friday      :      -      :

Other Availability notes (optional):

*Your Internship Information*

Name/Contact of Institution/Program (if any):

Hours per week desired:

Total Number of hours desired:

Approximate Start Date:       End Date:       (Please do not leave these fields blank!)

Motivation for volunteering/Personal Statement:

Special Skills and Interests (eg: *clerical/data entry, technical skills, computer program/ database experience, tutoring/mentoring, event planning/outreach, language skills/level of competence, certifications):*

*Areas of Interest*

Please mark the program area(s) you are interested in:

☐ Communications

☐ Curriculum Development

☐ ESL and Cultural Orientation

☐ Immigration

☐ Mental Health & Case Management

*Please return completed form, resume, and background check to:*

Mary Cobb  
Sub Office Director

mcobb@krmlex.org

859-226-5661