

Kentucky Refugee Ministries - Lexington

INTERNSHIP APPLICATION

GENERAL INFORMATION

Today's Date:			
Name:	Date o	f Birth://	_
Address:			
City:	_ State:	Zip Code:	
Phone Number:			
Email:			
Occupation/Degree Program	n:	·	
Do you have transportation?	YES 1	10	
If yes, can you transport clier	nts in your vehicle	? YES NO	
Are you comfortable with util	lizing public trans	it if trained to do so? YE	s NO
INTERNSHIP PREFERENC	ES Name of	University/Institution (if any):	
After reviewing the list of internshiphttp://kyrm.org/wp-	ps 		
content/uploads/2022/10/Spring- 2023-Internships-1.pdf please list your top areas of interes	Universit	University Program:	
1	Hours de	sired per week:	
3		ı practicum student? YE	s No

AVAILABILITY

Please select all that apply:

	Morning 8:00-12:00	Afternoon 12:00-5:00	Evening After 5:00
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Veekend			

Approximate Start Date:	
Approximate End Date:	

BACKGROUND

How did you hear about us?

Do you have foreign language skills (i.e., Spanish, beginner):

Do you have any special skills or interests (i.e. carpentry, graphic design, working with children, TESL certified, special event experience, sports)?

What would you like to accomplish or learn during your internship experience?

Please send this completed application along with a resume and cover letter to: