



KRM LOUISVILLE: 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:

Date of Application Submission:

Address:

City, State:

ZIP Code:

Phone:

Alt. Phone (optional):

E-mail Address:

Skype Name (optional):

Do you have transportation? Yes No

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, such as 9:30 am - 4:30 pm):

Monday

Tuesday

Wednesday

Thursday

Friday

Other Availability notes (optional):

YOUR INTERNSHIP INFORMATION

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

Hours per week desired (minimum of 8):

Total Number of hours desired (minimum of 80):

Approximate Start Date (required):

Approx. End Date (required)

***Minimum duration of 8 weeks required for all internships.**

Motivation for internship/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:

- | | |
|--|--|
| <input type="checkbox"/> Elder Program | <input type="checkbox"/> Citizenship Tutoring |
| <input type="checkbox"/> ESL Tutoring/Support | <input type="checkbox"/> Arts and Cultural Programming |
| <input type="checkbox"/> Family Center/Early Childhood Ed. | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Family and Youth Programs | <input type="checkbox"/> Health Care Education/Access |
| <input type="checkbox"/> Basic Needs Support/Social Services | <input type="checkbox"/> Outreach/ Special Events/ Development |
| <input type="checkbox"/> Donations/Warehouse | <input type="checkbox"/> Immigration Legal Services |
| <input type="checkbox"/> Victims of Crime Advocate Support | <input type="checkbox"/> Rise Up Youth/Young Adult Ed./ Access |
| <input type="checkbox"/> Employment / Job Developer Support | <input type="checkbox"/> Clerical/Administrative |

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

Adrienne Eisenmenger
Program Leader
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(502)-479-9180 x573