

YOUR INTERNSHIP INFORMATION

University Name/Program Name (if any): _____

Hours per week desired: ____ (minimum of 8)

Total Number of hours desired: ____ (minimum of 80)

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

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

Motivation for internship/Personal Statement: _____

Special Skills and Interests (eg: clerical/data entry, computer program/ database experience, tutoring/mentoring, event planning, certifications): _____

Language skills? Yes No

If yes, please share the language/s you speak and level of competence:

Relevant Coursework: _____

AREAS OF INTEREST

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

- | | |
|---|--|
| <input type="checkbox"/> Cuban/ Haitian Case Management | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Donation Services | <input type="checkbox"/> Outreach/Development/Events/Arts & Cultural Programming |
| <input type="checkbox"/> Elder Program | <input type="checkbox"/> Rise Up Educational Access Program (Summer only) |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Social Services Case Management |
| <input type="checkbox"/> ESL Services | <input type="checkbox"/> Transportation Access |
| <input type="checkbox"/> Family Center/ Early Childhood | <input type="checkbox"/> Victim's Advocate |
| <input type="checkbox"/> Finance Intern | |
| <input type="checkbox"/> Family and Youth Services | |
| <input type="checkbox"/> Immigration Legal Services | |
| <input type="checkbox"/> Medical Services | |

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

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