



Inspiring all Girls to be Strong, Smart, and Bold

Girls Incorporated of Lynn Internship Application

Mail to: Girls Inc. of Lynn 50 High St. Lynn, MA 01902 or Fax to: 781.592.1160

All internship candidates are required to submit an application, cover letter & resume and agree to a background check & interview. Internships will begin only after a review of the returned CORI has been completed, and you are contacted by the Volunteer Coordinator. Each intern will meet with the appropriate program director for a training session, project description and other information as required. All application information is maintained confidentially in a secured location to protect candidate's privacy. You must supply a photo I.D. **Please print clearly.**

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Date: _____

Home Address: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

SCHOOL INFORMATION

College/University: _____ Major/Area of Interest: _____ Expected Graduation Date: _____

School Address: _____ City, State: _____ Zip Code: _____

Internship Course: _____ Professor/Supervisor: _____

Professor's Phone Number: _____ Professor's Email Address: _____

INTERNSHIP REQUIREMENTS

Total number of hours required: _____ hours Target number of hours per week: _____ hours (min. of 6 hours required)

Target start date: _____ Target number of weeks: _____ (min. 8 weeks required)

Target end date: _____

Please state and/or include any required forms, interview, or evaluation requirements of site supervisor and dates of completion for each.

What experiences or points of development are you most looking to gain from an internship with Girls Inc.?

Please continue application on the other side.



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www.girlsinclynn.org

AVAILABILITY and PREFERENCE

Please select the time period that is convenient for you. You need not commit to the entire time period.

Monday: _____

Girls aged 6 to 12—program hours 1:45—5:30 pm

Tuesday: _____

Girls aged 12 to 14—program hours 2:00—6:00 pm

Wednesday: _____

Girls aged 15 to 18—program hours 4:00—7:00 pm

Thursday: _____

I have no preference

Friday: _____

REFERENCES

Please list two persons unrelated to you (e.g., Professor, Employer, Volunteer Supervisor).

Name: _____ Relationship: _____ Phone Number and/or Email Address: _____

Name: _____ Relationship: _____ Phone Number and/or Email Address: _____

RACE/ETHNICITY

This information is optional and confidential and is only used in aggregated form. Thank you.

How do you describe your ethnic/racial heritage? Asian African American Hispanic Caucasian
Multi-Racial Other : _____ I choose not to answer

PERSONS WITH DISABILITIES

This information is optional and confidential and is only used in aggregated form. Thank you.

Do you identify yourself as a person with a disability? _____ Please Describe: _____

DISCLAIMER: I understand and give permission for Girls Inc. to conduct a Criminal Offender Record Information (CORI) review prior to any direct contact with girls.

Student signature

Date