



931 Spa Road
Annapolis, MD 21401
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www.thearcccr.org

Internship Application

Applicant Information		
Last Name	First	Date
Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please explain:
How did you hear about our internship program?		

Availability							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Areas of Interest					
Please indicate which area interests you:					
<input type="checkbox"/> Direct Support	<input type="checkbox"/> Finance	<input type="checkbox"/> Development	<input type="checkbox"/> Database Work	<input type="checkbox"/> Assistive Tech.	
<input type="checkbox"/> Grant/Writing	<input type="checkbox"/> HR	<input type="checkbox"/> Marketing	<input type="checkbox"/> Videography	<input type="checkbox"/> IT/Security	
<input type="checkbox"/> Training	<input type="checkbox"/>	<input type="checkbox"/> Other, please explain: _____			

Experience/Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

Personal Information
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:

Professional References	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: