



YWCA of Central Massachusetts
INTERNSHIP APPLICATION

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS:

HIGH SCHOOL:

Date Available to Start: _____

Availability:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Winter 2017

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Spring 2017

Please select the program(s) you are interested in. Check all that apply.

_____ Youth Development Specialist

_____ (Assist Youth Development Coordinator)
_____ Youth Development Facilitator
_____ (Homework Help, Gym, Enrichment Hour)
_____ Information Specialist

ACTIVITIES / SKILLS

Describe any job-related skills, activities, or qualifications that would be helpful in your work as an intern.

What subjects are you strongest in?

INTERESTS / HOBBIES

What do you hope to learn or gain from this internship?

List 3 GOALS (long-term or short-term):

1. _____
2. _____
3. _____

What languages are you fluent in?

Do you have any specific needs we should be aware of that may impact your attendance or your ability to perform certain duties? (Ex: medical, physical, learning styles, etc.) If so, please list any accommodations that may be necessary and/or helpful.

Are you interested in employment upon completion of the internship? (Note: This does not guarantee employment)

Please e-mail this form to: sdaly@ywcacentralmass.org

Or mail to: YWCA of Central Massachusetts
Attn: Sarah Daly
1 Salem Sq.
Worcester, MA 01608