



INTERNSHIP APPLICATION FORM

A PERSONAL INFORMATION

Full Name :

Address :

City/Country : **Zip Code** :

Gender : Male Female Non-binary Other/prefer not to say

E-Mail : **Phone** :

B EDUCATION

Please Select One : Full-time Student Part-time Student Graduate **Graduation Year** :

School : **Major** :

C INTERNSHIP DETAILS

Please indicate which internship(s) interests you :

First choice : **Earliest Start Date** :

Please indicate your availability

Sunday : (Open 8:00 AM - 4:00 PM)

Monday : (Open 8:00 AM - 1:00 PM)

Tuesday : (Open 8:00 AM - 4:00 PM)

Wednesday : (Open 8:00 AM - 4:00 PM)

Thursday : (Open 8:00 AM - 4:00 PM)

Friday : (Open 8:00 AM - 4:00 PM)

Saturday : (Open 8:00 AM - 4:00 PM)

Public Hours of Operation

Please consult internship descriptions online when indicating availability. Please note that some evening hours may be available sporadically. Not all departments are active all seven days of the week.

Email this application, completed, with your resume to ken@bolsachica.org with the subject titled:
[Year] [Season] Internship Application - [Your Name Here]