



**INTERNSHIP APPLICATION**  
(Please Type or Print Clearly)

Year \_\_\_\_\_ Semester (check one) \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Number of Credits \_\_\_\_\_

Area of Interest \_\_\_\_\_

Name \_\_\_\_\_ UA ID \_\_\_\_\_

Current Address \_\_\_\_\_

No. and Street

Home Phone

City

State

Zip

Cell Phone

Permanent Address \_\_\_\_\_

No. and Street

Home Phone

City

State

Zip

Date of Birth \_\_\_\_\_ Driver's License # and State of Issue \_\_\_\_\_

Email Address \_\_\_\_\_

Number of Credits Completed to Date \_\_\_\_\_ Major GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Degree Program: \_\_\_\_\_

**List the agency title or office name and city of the three most preferred internship placements.**

AGENCY TITLE / OFFICE NAME

LOCATION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**List courses you have taken which would assist you in a placement.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Significant Work Experience; Including Volunteer Experience (attach additional pages, if necessary)**

Job Title	Description	Hours Per Week	Dates Employed	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I authorize the CCEL to provide my academic record to the placement organization to be used in the intern selection process.

I authorize the CCEL to provide my date of birth, and driver's license number to organizations requiring a background check.

I release the Center for Community Engagement & Learning and its employees from all liability or harm arising out of communications regarding me, my academic record or personal background made in connection with my internship placement.

Signature \_\_\_\_\_ Date \_\_\_\_\_