THE SOCIETY OF YOUNG PHILANTHROPISTS

INTERNSHIP APPLICATION FORM

APPLICANT'S INFORMATION

Name: _____

High School: _____ GPA: _____ Grade Level: _____

Gender: (circle one) MALE FEMALE

Home Address: _____

_____

Phone/Cell Number: ( ) -

Birth date: _____/ _____/ 19____

Email Address: _____ @ _____

T-Shirt Size: (circle one) S M L XL

College/University you hope to attend: _____ Any specific major: _____

Desired Profession: _____

AVAILIBILITY: Between what hours are you availible to help?

Mon. Tues. Wed. Thur. Fri. Weekends

QUESTIONS FOR APPLICANT: (feel free to answer on a separate page)

What community service activities and/or organizations have you been involved with?

_____

_____

_____

_____

Why do you want an internship with our organization? What do you hope to personally gain from the internship?

_____

_____

_____

_____

_____

PARENT / GAURDIAN INFORMATION *In case of emergency

Name of Legal Gaurdian: _____

Daytime phone: ( ) -

Emergency phone: ( ) -

Parent's Email: _____

Applicant's Signature: _____ Date: ___ _____/ _____