

Intern Application Form

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

What is your Major or Field of Study? What is your semester standing?

Why are you interested in interning with us?

What are the special skills you feel can bring to The Governor's Prevention Partnership?

What experiences do you hope to gain in your internship?

How many hours/days per week do you think you can dedicate to this internship?

What program areas most interest you?

- Underage Drinking Prevention
- The Mentoring Partnership
- K-12 School Services
- The Media Partnership
- Resource Development

When are you interested in doing the internship?

Year: _____

Semester: Fall Spring Summer

Please attach a resume or list of past work experiences, special skills, and at least 2 references