APPLICATION

ACORN/Institute Internships

Please print or type

NAME:_____ Date:_____

Temporary Address:_____

Permanent Address:_____

Phone:_____ AGE:____ STATE OF HEALTH:_____

EDUCATION:_____

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DO YOU SPEAK SPANISH? IF YES, HOW WELL?_____

DO YOU OWN A CAR?_____

WHAT PERIOD OF TIME WILL THE INTERNSHIP SPAN? from to

HOW DID YOU HEAR ABOUT THE INTERNSHIP?

WHAT KIND OF WORK HAVE YOU DONE?

DOES ANY OF YOUR PAST WORK EXPERIENCE RELATE TO ORGANIZING? HOW?

WHAT GROUPS OR ACTIVITIES HAVE YOUR WORKED WITH?

WHY DO YOU WANT TO WORK WITH ACORN AS AN INTERN?

ADDITIONAL COMMENTS: (Please use back or additonal pages if you need more space on this or any of the questions.

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Please return this application to: Kaye Jaeger, ACORN, 117 Spring, Syracuse, NY 13208
315-476-0162