

# United Way of the Brazos Valley

## 2019 Internship Application Form



Thank you for your interest in interning with us! To help us provide you with the internship experience you are seeking, please submit the completed form along with a cover letter and resume to Mickal Lewis at [mlewis@uwbv.org](mailto:mlewis@uwbv.org).

United Way  
of the Brazos Valley

Please print the following information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title First M.I. Last Suffix

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number: ( ) -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Term:  Spring  Summer  Fall

How did you hear about United Way of the Brazos Valley?

\_\_\_\_\_

Please indicate availability during the week:

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thurs: \_\_\_\_\_

Fri: \_\_\_\_\_

Please mark which internship(s) you are interested in pursuing:

- Communications/Design
- Community Impact
- Resource Development
- Volunteer & Health Outreach

Briefly summarize the skills and personal attributes you wish to apply and improve over the course of your internship:

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

How long do you wish to intern with United Way of the Brazos Valley? Indicate with start and stop-dates if known:

\_\_\_\_\_

Are you seeking course credit with this internship? [ YES / NO ] If YES, then please fill out the following information:

University: \_\_\_\_\_ Major / Minor: \_\_\_\_\_ Classification: \_\_\_\_\_

Please detail any relevant volunteer or job experience you have had recently:

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone Number: ( ) -

Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone Number: ( ) -

Duties: \_\_\_\_\_

If you have personal or professional references, please list them below:

Name: \_\_\_\_\_ Phone Number: ( ) - E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) - E-mail: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Name

Relationship

Phone Number

- I certify that the information I have supplied above is correct.
- I understand that United Way of the Brazos Valley deals with information of a confidential nature, and that I will be bound by their policies and procedures.
- United Way of the Brazos Valley has my permission to contact listed references, employers, and instructors.

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