



Internship Application Form

In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter, your resume, a relevant writing sample, and (if applying during an academic semester) an unofficial transcript. Incomplete applications will not be reviewed.

APPLICANT INFORMATION

Full Name: _____ Date: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Dates Available: / / to / / Semester: Fall Spring Summer

Department(s) Applied to: Research & Advocacy Civil Rights/Legal Programs & Communications
If multiple departments are marked, please number according to your preference. Development Government Affairs Nonprofit Management
 Accounting Maryland Outreach Operations

Are you requesting that your college grant you credit hours for your internship? YES NO
University Contact: _____
Phone: () _____
Email: _____

Are you planning to intern through another program? YES NO
Program: _____
Contact: _____
Phone: () _____
Email: _____

Are you authorized to work in the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this organization? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever worked or volunteered at an organization that opposes CAIR's mission? YES NO

If yes, explain: _____

EDUCATION

High School: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree received: _____

University: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Major: _____
Year / Class of: _____ Minor: _____

University: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Major: _____
Year / Class of: _____ Minor: _____

REFERENCES

Please list three references. A letter of recommendation from at least one of these references is highly encouraged.

Full Name: _____ Relationship: _____

Organization: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Organization: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the internship program, I understand that false or misleading information in my application or interview may result in my release. I agree to allow CAIR to investigate my references, work record and education.

Signature: _____ Date: _____

OFFICE USE ONLY

Date received: _____ Processed by: _____

Supervisor: _____

Final approval: _____ Date: _____

CAIR is an equal employment opportunity employer. Discrimination based on race, color, religion, sex, handicap, sexual orientation or national origin is prohibited.