

***Application for Internship***

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| Legal Name: Click here to enter text. |

*Please include your first name, middle name, and last name*

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| First Name (as you would like for it to appear on your nametag): Click here to enter text. |

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| Current Address: Click here to enter text. | | | Apt: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | | Zip Code: Click here to enter text. |
| Home Phone: Click here to enter text. | | Cell Phone: Click here to enter text. | |
| Email: Click here to enter text. | | Birthdate: Click here to enter text. | |

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| --- | --- |
| University: Click here to enter text. | Major: Click here to enter text. |

Class Standing:

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| --- | --- | --- | --- |
| Sophomore: Click here to enter text. | Junior: Click here to enter text. | Senior: Click here to enter text. | Graduate School: Click here to enter text. |
| Other – Please supply details: Click here to enter text. | | | |

Where did you initially learn about our internship opportunities?

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| Friend: Click here to enter text. | RMHCCIN Website: Click here to enter text. |
| Indiana InternNet: Click here to enter text. | School Website: Click here to enter text. |
| Professor: Click here to enter text. | Other: Click here to enter text. |

Which internships(s) are you applying for?

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| --- | --- |
| Communications and Marketing: Click here to enter text. | Operations: Click here to enter text. |
| Family Experience: Click here to enter text. | Volunteer Resources: Click here to enter text. |
| Guest Services: Click here to enter text. | Other: Click here to enter text. |

Which semester(s) are you interested in being considered for?

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| --- | --- |
| Spring: Click here to enter text. | Summer: Click here to enter text. |
| Fall: Click here to enter text. | Other Click here to enter text. |

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| What dates are you available? Click here to enter text. |
| What days of the week and hours are you available? Click here to enter text. |
| By what date would you need to know if we would be able to offer you a position? Click here to enter text. |

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| Would you be receiving school credit for your internship? Click here to enter text. |

*(If yes, please attach the criteria for your internship)*

**We do not have the capacity to offer a stipend or assist with housing.**

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| How would this internship fit into your long-term career goals? Click here to enter text. |
| In any of our internships, the statements, the statement “and other duties as assigned” is a necessity. How to you feel about this type of environment where roles are not always clearly defined? Click here to enter text. |
| What three things are most important to you in a work environment? Click here to enter text. |
| Describe an instance where you were part of a team that accomplished a larger goal: Click here to enter text. |

**We conduct background checks on all applicants.**

*(You will be sent the appropriate form at a later date.)*

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| Have you ever been convicted or pled guilty to a felony or misdemeanor? Click here to enter text. |
| If yes, please explain: Click here to enter text. |

Please provide three references which are not family or friends.

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| Reference 1 | Name | Title | Email |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Organization | Years Known | Nature of Acquaintance |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | | | |
| Reference 2 | Name | Title | Email |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Organization | Years Known | Nature of Acquaintance |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | | | |
| Reference 3 | Name | Title | Email |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Organization | Years Known | Nature of Acquaintance |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Statement of Commitment: I certify that the statements made in this application are true and correct, and have been given voluntarily. If accepted as a volunteer, I will fulfill my commitment of service and maintain annual education and health testing requirements. I agree to observe all Ronald McDonald House Charities of Central Indiana and Indiana University Health policies and procedures including confidentiality. I understand and give my permission to release any and all information from your files as permitted by law pertaining to criminal history.

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| --- | --- |
| Digital Signature: Click here to enter text. | Date: Click here to enter text. |

*Please supply your digital signature by simply typing in your name.*

*You will be asked to provide your actual signature later.*

**After completing this application, please save it to your computer and return it as an attachment.**

Please submit the following:

* Your completed application
* Cover letter
* Resume
* Two writing samples if you are applying for our Communications and Marketing internship

To:

Mary Friend, Volunteer Resources Manager

Email: [mfriend@rmhccin.org](mailto:mfriend@rmhccin.org)

Direct Line: 317-267-0605, ext. 225

*Updated 2/2019*