

INTERNSHIP APPLICATION

PERSONAL INFORMATION

DATE: _____

Name _____

Address _____ City _____ Zip _____

Phone _____ E-Mail _____

ACADEMIC INFORMATION

College/University _____ GPA _____

Year in School _____ Major(s) _____

AVAILABILITY

Semester Applying For: Fall _____ Spring _____ Summer _____

Hours Available: (M) _____ (T) _____ (W) _____ (TH) _____ (F) _____

Start Date: _____ End Date: _____

ACADEMIC CREDIT

Will you receive credit? _____ If yes, please provide advisor's contact information:

Advisor's Name _____ Phone _____ E-Mail _____

BACKGROUND INFORMATION

Work Experience: Please attach a resume to your application.

Career Goals

Why do you want to intern with Iowa Pride Network? _____

What would you like to learn through this internship? _____

How did you learn about Iowa Pride Network? _____

REFERENCES

Please list name, phone and email for two references (work, school or personal)

1. NAME _____

PHONE _____ E-MAIL _____

2. NAME _____

PHONE _____ E-MAIL _____

**Please send application to: Ryan Roerman, Executive Director
Ryan@iowapridenetwork.org or Mail to Iowa Pride Network Office
777 Third Street, Suite 312
Des Moines, Iowa 50309
Or fax us at: 515-471-8018**

----- FOR IPN USE ONLY -----

Date received _____ Student contacted on _____

Interview set for _____ Interviewed by _____

Comments _____

Emergency contact _____ Phone _____

Exit Interview by _____ Date _____