



Excellence in Giving, LLC

Application for Internship

Excellence in Giving is pleased to consider eligible applicants for its Internship Program. In order to be considered, please submit a signed and completed application along with a cover letter and resume.

Applicant Information		
Full Name	Date	
Street Address	Apt/Unit	
City	State	Zip
Phone	Email	
Date Available	SSN	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about our internship program?		

Availability					
I am available: * <input type="checkbox"/> Full-time (40 hrs/week) <input type="checkbox"/> Part-time (20 hrs/week) <input type="checkbox"/> Other: _____					
Semesters: <input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/> Spring (Jan-Apr) <input type="checkbox"/> Summer (May-Aug) <input type="checkbox"/> Other: _____					
Dates of availability: (Start Date) _____ to (End Date) _____					
<i>*A minimum of 6 weeks is required for full-time and 9 weeks for part-time Internships.</i>					
Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (approx. 8-12)					
Afternoon (approx. 1-5)					

Areas of Interest				
Please indicate which area interests you:				
<input type="checkbox"/> Nonprofits	<input type="checkbox"/> Leadership	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Writing	<input type="checkbox"/> Development
<input type="checkbox"/> Research	<input type="checkbox"/> Outcome Measurement	<input type="checkbox"/> Marketing	<input type="checkbox"/> Management	<input type="checkbox"/> Finance
<input type="checkbox"/> Other:				



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Education and Skills			
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your status? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Level: <input type="checkbox"/> High School <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student			
High School:		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
College:		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
Other:		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
Honors, Awards, and/or Licenses:			
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list language: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic	
Computer Skills/Software Used:			

Employment History		
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed		
Company	Phone	
Address	Supervisor	
Job Title	From	To
Description		
Company	Phone	
Address	Supervisor	
Job Title	From	To
Description		



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Personal Information

Why are you interested in an internship in our organization?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Do you have a portable computer that you will use during your Internship Program? Yes No

If yes, please describe the type of equipment you will provide: Mac PC

Additional Description:

Professional References

Name	Relationship	Contact info (email and phone number)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance in an Internship Program, I understand that false or misleading information in my application may result in my release. If selected, I authorize that a background check may be conducted to verify my qualifications for this Internship Program.

Signature:

Date: