Rutland County
Women's Network &
Shelter, Inc.
PO Box 313
Rutland, VT 05702
Business (802)775-6788
Crisis (802)775-3232
Fax (802)747-0470

Intern Application

Date: _____

Name: _____ DOB: _____

Email: _____

Address: _____
_____

Home Phone:_____ Cell:_____

Best time to call: _____

School: _____

Major: _____

Internship Professor: _____

Career Goals: _____
_____

Availability: Office Hours 8:30-4:30 Monday-Thursday, 8:30-4 Friday

Monday:	Tuesday:
Wednesday:	Thursday:
Friday:	

Why have you chosen RCWN&S for your internship? _____
_____
_____
_____

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What experience do you hope to gain through your internship at RCWN&S?

_____
_____

Extracurricular activities or areas of interest:

_____
_____
_____

How many hours are you required to perform? _____

When must these hours be completed? _____

References:

Name _____Name_____

Phone_____ Phone _____

Relationship _____ Relationship _____

Please include a copy of your resume if you have one.

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Emergency Information

Emergency Contact: _____

Relationship: _____

Number _____

Physician: _____ Number _____

Medical Conditions:

Current Medications:

Allergies:

If I require emergency medical treatment, I authorize the staff of RCWN&S to obtain such treatment and to release the above information to emergency personnel for medical purposes, at the discretion of RCWN&S Staff.

_____ _____

Signature Date

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