

Camp Craig Allen Internship Application

ALL Internships for Camp Craig Allen are non-paid. Our internships can potentially lead into a full or part time position.

Applicant Information			
Last Name	First	Date	
Street Address			Apt/Unit
City	State	Zip	
Phone	Cell Phone		
Email address:			
Have you ever been convicted of a felony? (Background checks will be conducted)		If yes please explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about our internship program?			

Availability							
Please check semesters of availability:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

<input type="checkbox"/> Fundraising	<input type="checkbox"/> Marketing	<input type="checkbox"/> Sales
<input type="checkbox"/> Technical Writing	<input type="checkbox"/> Camp Sessions/Programs	<input type="checkbox"/> OTHER:

Experience/Education and Skills	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Are you in any fraternity/sorority? List:	Are you in any organized group? List:

<p>Computer Skills/Software proficient in: List any and all experiences in working/volunteering with a Non Profit/Charity organization(s)?</p>	

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:	

Professional References	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand a back ground check will be completed and any false or misleading information in my application may result in my release.</p>	
Signature:	Date:

Please email this form to: Internship@campcraigallen.org and thank you for your inquiry to our organization.