

Internship Application

8531 Page Ave, #120 · St. Louis Mo 63114 · 314-961-2504 · www.dsagsl.org



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Schedule and Availability

During which days/hours are you available for internship assignments?

<input type="checkbox"/> Monday	Hours _____
<input type="checkbox"/> Tuesday	Hours _____
<input type="checkbox"/> Wednesday	Hours _____
<input type="checkbox"/> Thursday	Hours _____
<input type="checkbox"/> Friday	Hours _____

Desired Start / End Dates

Start Date _____ End Date _____

How many hours are you required to complete?

Interests

Tell us in which areas you are interested in interning

- | | |
|--|--|
| <input type="checkbox"/> Administration & Office Management | <input type="checkbox"/> Bike Camp and other sports camps |
| <input type="checkbox"/> Special Family Events | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Social Media, Website and Marketing | <input type="checkbox"/> Recreational Programs for individuals with Ds |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Educational Programs for individuals with Ds |
| <input type="checkbox"/> New Parent Support | <input type="checkbox"/> Community Awareness & Outreach |
| <input type="checkbox"/> Other _____ | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from your education, employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

The DSAGSL has an intern and key volunteer screening policy. By submitting your application to intern with the DSAGSL, you are agreeing to complete a background check.

Thank you for completing this application form and for your interest in interning with us!

Please e-mail this form to abigailbeckord@dsagsl.org