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www.arcwake.org

Working with and for people with developmental disabilities and their families in Wake County.



INTERNSHIP APPLICATION

Name: _____

Address: _____

Phone (H): _____ (W): _____

Email: _____

I would like to receive The Arc of Wake County's newsletter "Ahead of the Curve" and other important Arc messages electronically.

How would you prefer to communicate with The Arc of Wake County?

Home Phone
 Work Phone
 Email

EDUCATION:

University/College _____

Expected Year of Graduation _____ Major/Course of Study _____

Supervising Professor _____ Phone _____

Description of Internship _____

Dates Available ____/____/____ - ____/____/____

Total # of Hours Required to fulfill internship _____

Days Available to intern at The Arc of Wake County (circle applicable days) write hours available on lines below

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please list any special requirements of The Arc (i.e. weekly meetings w/ supervising professor, separate desk space, etc.) _____

EMPLOYMENT:

Employer _____ Position _____

Employed Since _____ Supervisor's Name _____

Is your employer a Matching Gift company? yes no don't know

EXPERIENCE:

What has been your experience or interest with persons with developmental/intellectual disabilities? _____

Why are you interested in becoming an intern at The Arc of Wake County? _____

What are your hobbies/special interests? _____

List any musical skills/talents: _____

List computer/office skills: _____

Do you speak a second language? _____

Do you have personal car insurance that is valid? yes no

Insurance Company and Policy Number _____

REFERENCES:

Please list name, address and phone numbers, excluding relatives and people who live with you.

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

My interests/skills are:

Advocacy

Fundraising

Program Development

Marketing/PR

Technology

Other _____

RELEASE:

I assert that the information in this application is true and accurate to the best of my knowledge. I give permission for The Arc of Wake County to conduct the above mentioned reference checks and a personal background check.

PRIVACY STATEMENT: Your privacy is important to us. The information you provide about yourself, family members or friends is for The Arc of Wake County's information only. We do not share this information with outside parties.

Signature _____

Date _____

Please complete both sides of this application!