



Intern Application

Contact Information

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

Availability

During which hours are you available for intern assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Specify which days you are available _____ _____ _____
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|---|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Research |
| <input type="checkbox"/> Events | <input type="checkbox"/> Preparing Reports |
| <input type="checkbox"/> Field Work (ex. community meetings, etc.) | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Phone Bank | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Other (please explain) | <input type="checkbox"/> Volunteer Coordination |

In order of preference which is the Internship you want to apply to:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Intern	Policy and Research Intern	Operations and Development Intern

Special Skills or Qualifications

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

Previous Volunteer Experience

Please summarize your previous intern experience.

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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

CLLARO will not be held responsible for any damages or injury to interns during the commission of their intern duties.

To maintain confidentiality: As an Intern, you understand and agree to maintain the confidentiality of all information which are you are given access. Failure to do so may disqualify you for further service as a Volunteer.

Name (printed)	
Signature	
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.

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

Please remit completed application to: Ingrid Wicker
CLLARO
309 W. 1st Ave.
Denver, CO 80223

Or email to: ingrid.wicker@cllaro.org

Or fax to: 303-722-5118