

APPLICATION FOR INTERNSHIP

An Equal Opportunity Employer

The AIDS Foundation of Chicago considers applicants for all internships without regard to race, color, religion, gender, sex, sexual orientation, HIV status, national origin, age, veteran status, non-job-related disabilities, or any other legally protected status.

PERSONAL INFORMATION

Date of Application: _____
for office use only

Last Name (Please Print)		First	Middle	
Current Address	Street	City	State	ZIP
Message Number () -	Phone Number () -	E-Mail Address: -		
Permanent Address (if different from above)		City	State	Zip
Permanent Phone Number () -		Social Security Number: - -		
Do you have relatives in our employ? () Yes () No Name: _____				
Have you ever worked for this organization, in any capacity? () Yes () No If so, when? _____			Are you over 18 years of age? () Yes () No	
How did you learn of this internship? () Internet () Employee () Advertisement () School () Other (please specify): _____				

INTERNSHIP POSITION INFORMATION

For what internship(s) are you applying? (check all that apply) <i>Internship descriptions can be found on the AIDS Foundation of Chicago website at www.aidschicago.org</i>	<input type="checkbox"/> Communications Internship <input type="checkbox"/> Development / Fundraising Internship <input type="checkbox"/> Network/Database Internship <input type="checkbox"/> Policy Internship <input type="checkbox"/> Program Research Internship <input type="checkbox"/> Program Training Internship	For which internship period are you available? (check all that apply) <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter / Spring	
Dates available (min. 10 week commitment) Begin: _____ End: _____	What days of the week are you available? _____		
What hours are you available? (for each weekday listed above) _____			
Do you plan to receive course credit for completion of this internship? * () Yes () No * If yes, please attach any relevant information regarding your program's requirements for receiving credit.			
University	Department	Faculty Advisor/ Internship Coordinator	Tel: _____ Email: _____

SPECIAL SKILLS AND/OR TRAINING

Word Processing Software	Spreadsheet Software	Database Software	Other (please list)
Microsoft Word/WordPerfect () Beg. () Int. () Adv.	Microsoft Excel/Lotus () Beg. () Int. () Adv.	_____ () Beg. () Int. () Adv.	

Additional skills or training which you believe are relevant to the internship position you are seeking (use the back side of this sheet, if necessary):

APPLICATION FOR INTERNSHIP, continued...

Please submit completed application, with resume and cover letter, to: **Internships**

AIDS Foundation of Chicago
411 S. Wells, #300
Chicago, IL 60607
Fax: (312) 922.2916
E-Mail: interns@aidschicago.org

I certify that all information and statements which I have set forth in this application, and documents submitted as part of this application, are true and correct to the best of my knowledge. I further understand that I will be required to follow the personnel policies and rules of the AIDS Foundation of Chicago.

Signature: _____ Date: _____