Kirby Summer Internship Application - Summer2016

Applicant Information

4. Constant lafo weaking
1. Contact Information
First Name * Last Name *
Current Street Address *
Ant/Suito/Office
Apt/Suite/Office
City * State * Zip *
Phone *
Email Address: Please confirm . This will be used to send the email confirmation and
PDF of your completed application. <i>Thank you!*</i>
O. Commant Calcal *
2. Current School *

3. Areas of Study *
4. Degrees in Progress *
☐ Masters ☐ Doctorate ☐ Other (Please describe)
5. GPA for most recent term completed *
6. Other college degrees *
7. Have you ever been convicted of a felony? * Convictions that have been expunged or statutorily eradicated need not be disclosed.
YesNo

If yes, please explain: *
9. How did you hoar about the Kirby Summer Internation Program? *
8. How did you hear about the Kirby Summer Internship Program? *
C APHA Conference
NHPC Conference
© ETR Website
C Previous Intern
© ETR Staff Member
Other Please Specify:
Availability, Experience & Skills
Availability, Experience & Skills
9. Please indicate when you are available to work as an intern during the summer months (June-September): *

10. Would you be earning college credit for you internship? *
YesNo
If yes, what is the minimum number of hours required to obtain full credit? *
11. Please tell us about any prior volunteer or work experience in the sexual and reproductive health field: *
12. Please describe any prior course work in the sexual and reproductive health field and/or social science field: *
13. Do you speak any other language? *
© Yes
O No

Fluent, Semi-fluen	nt, Basic)	
	erest you?	*
ductive health inte		
C		

16. Why are you interested in an internship at ETR? *
17. What specific experience would you like to gain through this internship? *
18. Describe your long-term career goals: *
19. ETR has 2 offices in the Bay Area. Based on your ability to find affordable housing during the internship, which location would you prefer?
Scotts Valley (Santa Cruz Area)
Oakland (East Bay Area)
C Unsure
Upload Application Materials

20. Teacher Recommendation Letter:	
Browse Choose File No file selected	Upload
21. Writing Sample:	
Browse Choose File No file selected	Upload
22. Brief Resume:	
Browse Choose File No file selected	Upload
Disclaimer & Electronic Signature	
Checking the box below indicates that you have read the ab	ove disclaimers.
☐ I have read the above disclaimers	

Your signature. Please use your mouse or touch screen to sign your name below. Be sure to type in your name in the space provided. *
Clear Sign name using mouse or touch pad Signature of
Today's Date * [system("date")] Calendar