



INTERNSHIP APPLICATION FORM *(Please be sure to complete all fields)*

Name: _____ D.O.B.: _____ (mm/dd/yy)

Preferred Pronouns: _____

Local Address: _____

Permanent Address: _____

Home Phone: (____) _____ Work/Cell Phone: (____) _____

Email Address: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Cell Phone #: _____ Home Phone #: _____

College/University at which you are enrolled _____

I am applying for the **Fall /** **Spring /** **Summer Semester.** *(Please check one)*

What year are you in? _____

What is your Major? _____

Name of Internship Supervisor: _____

Supervisor Email: _____ Phone: _____

Please identify the day(s) you are available and indicate times frames:

Day	Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Student Signature: _____ Date: _____



Please respond briefly to the questions below (3 to 4 sentences):

Why do you want to intern at the Adoptive and Foster Family Coalition of New York?

What are your Strengths? Please list a minimum of two.

Please feel free to share your connection to adoption, foster or kinship. This is NOT a mandatory question.

Please identify areas that you can/or would like to contribute to:

- ☐ Outreach and Event Planning
- ☐ Editing/Writing
- ☐ Social Media and Design (Web, event postings, invitations, etc.)
- ☐ Research
- ☐ Advocacy
- ☐ Public Speaking/Presentations

It is **mandatory** for Coalition Interns to participate in Coalition events, 1-3 days/evenings and 1-4 weekend days per semester.

Do you feel you will be able to fulfill this commitment? (Please check one) YES NO

Please note that most Coalition events may be virtual due to the hybrid nature of our current programming as a result of COVID.