**Pre-Internship Application Form for Interdisciplinary Programs**

*Internship Semester \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer Year \_\_\_\_\_\_*

Number of Internship Credits \_\_3 \_\_6 \_\_9 \_\_12

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SRU ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SRU E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: Address During Internship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Level \_\_ Jr 1 \_\_ Jr 2 \_\_Sr 1 \_\_ Sr 2

Major Emphasis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumm QPA \_\_\_\_ Major QPA \_\_\_\_ Expected Graduation (semester + year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Placement Site:** *(Check all of interest)* **Placement Category:** *(Check all of interest)*

\_\_\_ Private Sector \_\_\_ Arts

\_\_\_ Nonprofit Organization \_\_\_ Children/Youth Focus

\_\_\_ Local Government \_\_\_ Corporation

\_\_\_ State Government \_\_\_ Health/Wellness

\_\_\_ Federal Government \_\_\_ Human Resources

\_\_\_ International Placement \_\_\_ Human/Social Services

\_\_\_ School \_\_\_ Recreation Focus

\_\_\_ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Retail business

\_\_\_ Small business

\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Desired Skill Development:** *(Check all of interest)* **Desired Skill Development:** *(Check all of interest)*

\_\_\_ Board Development/Governance \_\_\_ Program Evaluation

\_\_\_ Budgeting/Financial Management \_\_\_ Public Relations

\_\_\_ Community Development \_\_ Event Planning

\_\_\_ Fundraising/Grant Writing \_\_ Information Sharing (newsletter, flyers, etc.)

\_\_\_ Human Resource Management \_\_ Social Media (web, Facebook, twitter, etc.)

\_\_\_ Legal Issues/Fraud \_\_\_ Public Speaking

\_\_\_ Marketing \_\_\_ Research/Data Collection/Data Anaylsis

\_\_\_ Political Campaign \_\_\_ Sales

\_\_\_ Program/Product Development \_\_\_ Strategic Planning

\_\_\_ Program Implementation \_\_\_ Training/Consulting

\_\_ Adults \_\_\_ Writing (manuals/policies/reports)

\_\_ Children and Youth \_\_\_ Volunteer Management

\_\_ Health Related \_\_\_ Other Skills You’d Like to Gain:

\_\_ Persons with Disabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Senior Citizens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the information in the boxed area for an internship site where you have had a discussion regarding your placement, they are able to agree to the SRU site agreement, and they have offered you the opportunity for an internship. Please provide ALL requested information.**

**NO intern will be placed at a site until the final site agreement is signed and approved**

Potential Site Name

Site Mission

Site Mailing Address

Site City/State/Zip Site Fax Number

Site Supervisor’s Name Supervisor’s Title

Site Supervisor’s Phone Supervisor’s Email

Have you already talked with the site regarding possibility of an internship? \_\_ yes \_\_ no

Is the site willing to sign a site agreement with SRU? \_\_ yes \_\_ no

Has the site offered you an internship with the organization? \_\_ yes \_\_ no

Will you receive a wage, salary or stipend for this internship? \_\_ yes \_\_ no

If yes, please note the amount you will be paid: Hourly Wage $

Salary $

Stipend $

**Please attach a Job Description, provided by the site, which lists responsibilities and duties.**

**This form will not be processed without a written job description.**

**Identify TWO SRU faculty with whom I could speak about your readiness for an internship**

**Faculty Name Faculty Name**

**Department Department**

**=============================================================================**

**Return this form to: Alice Del Vecchio, Internship Coordinator**

**Slippery Rock University Department of Philanthropy, Nonprofit Leadership, and Public Affairs**

**On-Campus Students: 200-D SWC Slippery Rock, PA 16057**

**Online Degree Completion Students:** [**alice.delvecchio@sru.edu**](mailto:alice.delvecchio@sru.edu) **or via fax at 724-738-4207**

**Alice Del Vecchio’s Contact Information Phone: 724-738-4192** [alice.delvecchio@sru.edu](mailto:alice.delvecchio@sru.edu)