

# Internship Application Form

Please email this form along with the remaining application materials to [leighb@feministcenter.org](mailto:leighb@feministcenter.org). Should you be selected for an interview, you will be contacted via email. We look forward to receiving your application!

## Basic Information

Name (First, Middle, Last)	<input type="text"/>		
Email Address	<input type="text"/>	Phone	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zipcode	<input type="text"/>
Date of Birth (MM/DD/YY)	<input type="text"/>	Occupation	<input type="text"/>
Current Employer/ School	<input type="text"/>		
Emergency Contact Name	<input type="text"/>		
Phone	<input type="text"/>	Relationship	<input type="text"/>

### How did you hear about us?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Social Media	<input type="checkbox"/> Outreach Event/Festival	<input type="checkbox"/> Website
<input type="checkbox"/> Other. Please specify:	<input type="text"/>		

## Interests and Skills

**Please select which internship you are applying for:**

<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Winter Semester	<input type="checkbox"/> Spring Semester	<input type="checkbox"/> Summer Semester
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**Which internship positions are you applying for? You can list upto 3:**

***Do you have any past experience in volunteering, community involvement or political work? Please elaborate below.***

***What volunteer work, if any, are you currently involved in?***

***Have you completed an internship in the past?***

☐ No

☐ Yes. Please elaborate:

***Education Background. Please share details of current school or highest degree obtained:***

Name of School/University

Address

Degree  Graduation Date

Current/Final GPA  Major  Minor

Are/were you part of any school activities/associations/clubs? If yes, please elaborate below.

***Do you have any previous work experience? If yes, please mention details like employer, job title and description of duties.***

☐ No

☐ Yes

***Please list any computer-related skills you have including software programs you are familiar with.***

***Languages. Please specify proficiency [based on the ILR Scale](#). Elementary proficiency; Limited working proficiency, Professional working proficiency, Full professional proficiency, Native or bilingual proficiency.***

***Please describe any additional skills or experience that may be relevant to the internship/s you are applying for.***

## **Optional Section - Identities and Demographic Information**

We are an inclusive organization that supports leadership development and inclusion of people of all identities, across age, ethnicity, race, nationality, gender and sexual orientation. We are interested in learning about the identities you hold and the ways in which they affect how you experience the world. The following questions are optional, please share as much as you are comfortable with. Please select all identities that describe you.

### ***Age***

- ☐ Below 18 years   ☐ 18-34 years   ☐ 35-50 years   ☐ 51-64 years   ☐ 65+years

### ***Ethnicity/Race - Please select all the identities that describe you:***

- ☐ Asian/South Asian/Central Asian (E.g. Korean, Chinese, Pakistani, Indian, Afghani, etc.)
- ☐ Black and/or African-American (E.g. African-America, Somalian, Nigerian, etc.)
- ☐ Hispanic, Latinx or Spanish origin (E.g. Colombian, Dominican, Mexican, Mexican-American, etc.)
- ☐ Middle Eastern or North African (E.g. Iranian, Iraqi, Kuwaiti, Syrian, Egyptian, etc.)
- ☐ Multiracial
- ☐ Native American or Alaska Native (E.g. Navajo Nation, Blackfeet Tribe, Mayan, etc.)
- ☐ Native Hawaiian or Pacific Islander (E.g. Native Hawaiian, Samoan, Tongan, etc.)
- ☐ White/Caucasian (E.g. German, Italian, English, Polish, etc.)
- ☐ Prefer to self-describe:
- ☐ Prefer not to answer

***Sexual Orientation - Please select all the identities that describe you:***

- ☐ Asexual    ☐ Bisexual    ☐ Gay    ☐ Heterosexual/Straight    ☐ Lesbian
- ☐ Pansexual    ☐ Questioning    ☐ Queer    ☐ Prefer not to answer
- ☐ Prefer to self-describe:

***Gender Identity - Please select all the identities that describe you:***

- ☐ Woman    ☐ Man    ☐ Gender Nonconforming/Genderqueer/Non-binary
- ☐ Trans Man/Man of trans experience    ☐ Trans Woman /Woman of trans experience
- ☐ Two-Spirit    ☐ Intersex    ☐ Prefer not to answer
- ☐ Prefer to self-describe:

***Preferred Pronouns***

- ☐ She/Her/Hers    ☐ He/Him/His    ☐ They/Them/Theirs    ☐ Prefer not to answer
- ☐ Prefer to self-describe:

***Are there any other identities you hold that you would like us to know about?***

**Additional Information**

***Please list 2 (non-family) references. Complete name, mailing address and phone number is required.***

***We recommend that our interns work a total of 150-200 hours to get the most out of their internship experience. However, our internships are fairly flexible and we will work with you to come with a schedule that is mutually agreeable. Please provide additional comments, if any, about your schedule/availability here:***

***Please indicate if you need any of the following from Feminist Women's Health Center during/at the end of your internship:***

- ☐ Completed School Evaluation
- ☐ Supporting information for a grant application
- ☐ Reference letter upon completion of internship requirements
- ☐ Basic travel stipend (Limited stipends available. Availability based on financial need.)
- ☐ Something else:

Please note that in addition to this application you are required to email the following materials to [leighb@feministcenter.org](mailto:leighb@feministcenter.org) :

1. Resume
2. Letter of Recommendation
3. Transcript (for informational purposes only)
4. Writing Sample. 1-2 pages answering any one of the following prompts:
  - What does Reproductive Justice mean to you?
  - What do you want to gain from an internship at Feminist Women's Health Center?
  - What attracts you to the reproductive health, rights and justice movement?

I do hereby attest that the information provided in this application is true to the best of my knowledge. I also acknowledge that this application will be complete only after emailing this form along with other requested documents to [leighb@feministcenter.org](mailto:leighb@feministcenter.org).

**Signature of Applicant**