

Skip-a-Long Family and Community Services

Partners Together... Improving Lives



APPLICATION FOR INTERNSHIP

In order to be considered for an internship, you must submit a signed and completed application along with a cover letter, 3 written references and your resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed. **Today's Date:** _____

Personal Information		
Last Name	First Name	M.I.
Street Address		Apartment
City	State	Zip
Age(if under 18)	Email Address	Phone

How did you initially learn about SALFCS Internship Program (check all that apply)?		
SALFCS Website	Friend/Colleague/Relative	SALFCS Staff Member
SALFCS Brochure	Other	

Internship Preferences		
For a complete description of internships currently available visit SALFCS's website at www.salfcs.org . If you wish to apply to only one specific internship, indicate it here: Otherwise, check off all departments in which you would be interested in interning.		
Communications	Finance	Fund Development
Early Education	Human Resources	Information Technology
Web Design	Other	

Education		
Current: Name of Institution		Degree/Course of Study
Number of Credits Completed to Date	Anticipated Graduation Date	Grade Point Average(GPA)
Previous: Name of Institution		Degree/Course of Study
Number of Credits Completed	Graduation Date	Grade Point Average(GPA)

Special Skills & Talents

List any special skills or abilities (e.g. languages, computer etc.)

Availability					
Dates Available to Participate in Internship Program (month/day/year): From: ___/___/___ to ___/___/___					Number of hours per week desired:
Fill in the chart below indicating your availability each day:					
	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

Employment/Volunteer History (start with most recent)			
Company Name:		Address:	
Position Title:	Employed From: (month/day/year) ___/___/___	Employed To: (month/date/year) ___/___/___	Reason for leaving:
Briefly describe responsibilities:			
Supervisor's Name:		Phone Number:	May we contact this person as a reference? Yes No
Company Name:		Address:	
Position Title:	Employed From: (month/day/year) ___/___/___	Employed To: (month/date/year) ___/___/___	Reason for leaving:
Briefly describe responsibilities:			
Supervisor's Name:		Phone Number:	May we contact this person as a reference? Yes No
Company Name:		Address:	
Position Title:	Employed From: (month/day/year) ___/___/___	Employed To: (month/date/year) ___/___/___	Reason for leaving:
Briefly describe responsibilities:			
Supervisor's Name:		Phone Number:	May we contact this person as a reference? Yes No

Personal Statement
In addition to the completed application, we request all applicants to provide us with a short (approximately 500 words) personal statement addressing the following: Why are you interested in an internship with Skip-a-Long Family and Community Services, and how does it fit with your future plans?

(Note: You may be requested to submit additional information, based on the specific internship for which you are applying)

By Submitting this application you are confirming that the information in it is complete, correct and true. Any misstatement or omission of fact on this application may result in your removal from SALFCS internship program.

Send a copy of your completed application and required documents to:

SAL Family and Community Services

4210 44th Avenue

Moline, IL 61265

Fax: (309)764-3744

Email: HumanResources@skip--a-long.org