

INTERNSHIP APPLICATION

Section 1. Applicant Information

Name _____
First Middle Last

_____ Date of Birth

_____ Mailing Address (Include mail stop, suite, apt. #, room #, etc.)

_____ City State Zip

(_____) _____
Phone (Include Area Code) Email

_____ School or Organization Name

Section 2. Areas of Internship (Select all that apply)

- Development Intern
 Research Intern

Section 3. General Questions

What dates are you available for the internship? _____

_____ What languages do you speak proficiently, read and write)?

What roles are you most interested in?

What experiences do you have that would be relevant to the internship position you are seeking?

Are you available to work full time for African Diaspora Council, Inc. for the time period indicated above? Yes No

How many hours per week do you have available for African Diaspora Council, Inc.?

Please provide the name, e-mail address, and phone number of one reference:

_____	_____
Name	Title or Position
_____	_____
Email	Telephone

Signature: _____ **Date:** _____

NB: Attach your resume and a cover letter to this form to complete your application