



CHOICE, unlimited

1829 E. Superior St. • Duluth MN 55812 • V (218) 724-5869 • TTY (218) 724-3546 • Fax (218) 724-0359

INTERNSHIP APPLICATION

Name: _____ Date: _____
Day phone: _____

Address: _____ Eve. Phone: _____

City: _____ State: _____ Zip: _____

Internship for (please check appropriate box) Undergraduate Requirements Masters Level Requirements Other (Please identify) _____

What University are you currently attending? _____

What times and days are you available to complete your Internship responsibilities? _____

How many Internship hours do you need to fulfill? _____

What goals and experiences do you hope to gain through your Internship experience with CHOICE, unlimited?

Have you ever worked, volunteered, or had an Internship experience with CHOICE, unlimited in the past? Yes / No (please circle)

If so, when and what did you do? _____

Please list any special training / skills / interests you possess.

How did you hear about our Internship opportunities? _____

Emergency Contact _____ Phone _____

Internship Coordinator Contact information:

(Name) (Address) (Phone Number)
E-mail Address: _____