



# The Women's Center

## Internship Application

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Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Email Address: \_\_\_\_\_

Occupation (If student, please indicate): \_\_\_\_\_

Education: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship for which you are applying? \_\_\_\_\_

***Our office hours are: Monday-Wednesday 9:00 am-5:00 pm, Thursdays 9:00am-7:00pm & Fridays 9:00 am-2:00 pm***

When are you available (indicate days & times)? \_\_\_\_\_

Can you give a 6-month minimum commitment?                      yes\_\_\_\_                      no\_\_\_\_

How did you hear about our internship program? \_\_\_\_\_

What relevant background do you bring, either personal or professional, that would be useful to this position? \_\_\_\_\_

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What do you hope to learn from this experience?\_\_\_\_\_

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Please provide three references (name, address, phone number, email and relationship to you):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**Return applications to: The Women's Center  
P.O. Box 1057, 210 Henderson Street, Chapel Hill, NC 27514 919-9684610  
Or via email [everywoman@womenspace.org](mailto:everywoman@womenspace.org)**