

CTV Internship Application

Please send completed application by fax to 517.321.6077 (f) or by mailing it to P.O. Box 80295, Lansing MI 48908. Send to the attention of Amy Hawkins. Thank you!

| | |
|----------------------------|--|
| Date of Application | |
|----------------------------|--|

Contact Information

| | |
|--------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| E-Mail Address | |
| Age, Date of Birth | |

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

How Soon Could You Start? Offer explanation if necessary

Interests

Tell us in which areas you are interested in volunteering (check as many as you like)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Computer | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Events | <input type="checkbox"/> Phone calls | |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Newsletter production | |
| <input type="checkbox"/> Mobilizing Grassroots | <input type="checkbox"/> Volunteer coordination | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

| |
|--|
| |
|--|

Interest in CTV Internship

Tell us why you are interested in an internship with CTV

| |
|--|
| |
|--|

Previous Volunteer or Intern Experience (if applicable)

Summarize your previous volunteer or intern experience

| |
|--|
| |
|--|

Person to Notify in Case of Emergency

| | |
|-------------------|--|
| Name/relationship | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in interning with us.