

HOLLIS WATKINS MUHAMMAD LEADERSHIP DEVELOPMENT PROGRAM APPLICATION FORM

To be considered for an internship, please submit a signed and completed application form along with your cover letter, resume and essay. Incomplete application packages will not be reviewed.

Applican	t inform	auon					
Last Name		First	-		Date		
Street Addre	ess					Apt/Unit	
City		State	Zip		DOB	:	
Home Phone:		Cell	Cell Phone:				
Email addre	ess:						
Have you ever applied here before? Yes No If yes when:				Have you ever worked here before? Yes No If yes when:			
How did you hear about our internship program?							
Availability							
Please select the sessionin which you are applying for:							
Fall Winter/Spring Summer Other, please explain:							
Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday		
Morning							
(approx. 9-1) Afternoon							
(approx. 1-5)							
*Are you willing to work occasional evening /weekend projects?YesNo							
The you willing to work occasional evening / weekend projects:							
Areas of	Interest						
Please indic		ea(s) intere	ests you:				
Administrative Criminal/Juvenile Ju			-	☐ Financial		☐ Worker Rights	
		☐ Economic Development				☐ Writing/Research	
Civic Engagement		Economic Development		Special Projects		☐ Web Design	
Communications		☐ Education		☐ Information Technology		☐ Digital Media	
Community Organizing		☐ Environmental Justice		Other, pleas	Other, please explain:		

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Experience/Education and Skills							
Current employment status: Full-time	☐ Part-time ☐ Not Employed						
Current or most recent paid position held and	duties:						
Are you currently a full-time student? Yes No	If yes, please indicate school and concentration:						
Level Freshmen Sophomore Junior Senior Graduate Student	Areas of study:						
Do you speak any other languages? Yes No	If yes, please list language: Fluent Semi-Fluent Basic						
Computer Skills/Software Used:							
Personal Information (feel free to answ							
Why are you interested in an internship with o	our organization?						
What specific experience would you like to gai	in?						
Describe your long-term career goals:							
Professional References							
Name Relationship and co	ontact info (e-mail and/or phone number)						
Disclaimer and Signature							
I certify that my answers are true and complete to	o the best of my knowledge. If this application leads to an misleading information in my application may result in						
Signature:	Date:						

One Voice is an equal opportunity/affirmative action employer and encourages women, people of color, persons with disabilities, and lesbian, gay, bisexual, and transgender individuals to apply.

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