

Contact Information

Name:

Street Address:

City, ST, Zip:

Home Phone:

Cell Phone:

E-Mail Address:

Work Phone:

Preferred method of contact: Cell Phone / Home Phone / Work Phone / Email

Age:

Birth Date:

Social Security Number:

Driver's License #:

Emergency contact:

Phone:

Program Information

School/Department Name:

Degree Earning:

Expected Graduation Date:

Faculty Liaison:

Mailing Address:

Phone Number:

Email:

Length of Internship:

Hours per Week:

Briefly Summarize your School's Requirements/Expectations of Internship:

Interest Statement

Why are you specifically interested in interning at CST? How does this CST's work fit in with your overall educational goals? What are you hoping to learn/accomplish/achieve by the end of your placement?

Continued on next page

Interest Statement Continued:

Skills and Qualifications

Summarize special skills and qualifications you have related to your internship interests listed above. Please note any languages you speak and the level at which you speak them (i.e. beginner, intermediate, advanced). Please also complete the Intern Application – Experience form or submit a comparable resume.

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 a intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that before I am accepted as a intern I will need to have an in-person interview with a CST staff member and I will need to consent to a background check.

Name (printed):

Signature:

Date

Our Policy

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

Please return this application to CST email address susan@cstnet.org or director@cstnet.org