



INTERNSHIP APPLICATION

Contact Information:

Name: _____ Date: _____

Address: _____

Phone: _____ (Home) _____ (Other)

Email: _____

Education Information:

University/College: _____ Attending: F/T P/T

Major: _____ Minor: _____

Relevant Courses: _____

Skills:

Languages: _____

Other: _____

Interests: (general)

Hobbies: _____

Interested Internship Area: (WORC Departments)

Family Savings Account (FSA) Program _____ Financial Education _____

Microfinance (EOF) _____ Microenterprise Training Program _____

Refugee/Immigrant Training _____ Administrative _____ Accounting _____

Internship Hours:

How many hours per week are you available? _____ hrs

When are you able to start? _____

For how long are you available? (how many months) _____

References:

Please provide one personal, business, and educational reference.

1. Name: _____ Relationship: _____

Address: _____

Phone#: _____ (home/work) _____ (other)

2. Name: _____ Relationship: _____

Address: _____

Phone#: _____ (home/work) _____ (other)

3. Name: _____ Relationship: _____

Address: _____

Phone#: _____ (home/work) _____ (other)

Fax or Mail Internship Application with Resume to WORC Office:

2010 Chestnut Street, Philadelphia, PA 19103

Telephone: (215) 564-5500 Facsimile: (215) 564-0933

Website: www.worc-pa.com

For Questions Please Contact WORC (215) 564-5500:

Inja Coates

Email: trainingsupport@worc-pa.com