



# INTERN APPLICATION

Submit the completed application along with a current resume and cover letter. All three documents are required to complete your application. All emailed documents must be sent as PDFs.

Email to: **Jessie Murphy** at [Jessie.Murphy@ucsf.edu](mailto:Jessie.Murphy@ucsf.edu) or by mail to: **Jessie Murphy**, UCSF Alliance Health Project, 1930 Market Street, San Francisco, CA 94102.

**Deadline: February 28, 2014**

*All internships are for a period of one year.*

_____ Name			_____ Name of School		_____ Graduation Date					
_____ Current Address			_____ Major		_____ Minor (if applicable)					
_____ City		_____ State		_____ Zip		_____ How did you hear about this internship?				
_____ Email Address				_____ Phone			<b>Demographic Questions (optional)</b>			
_____ Permanent Address (if different)							_____ Gender		_____ Birthdate	
_____ City		_____ State		_____ Zip		_____ Ethnicity/Race		_____ Sexual Orientation		

**Please check your skills.**

- |  |   |
|--|---|
| <input type="checkbox"/> Reception/ Customer Service   | <input type="checkbox"/> Public Health Outreach<br><i>Specify</i> _____                           |
| <input type="checkbox"/> Computer Operating Systems<br><input type="checkbox"/> Windows <input type="checkbox"/> Mac | <input type="checkbox"/> Working with at-risk populations<br><i>Specify</i> _____                 |
| <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Professional Social Media  |
| <input type="checkbox"/> Adobe InDesign, Illustrator, Photoshop  | <input type="checkbox"/> Fundraising/ Grantwriting  |
| <input type="checkbox"/> Human Subjects Research   | <input type="checkbox"/> Multilingual—<br><i>Specify language(s) other than English:</i><br>_____ |
| <input type="checkbox"/> Professional Proofreading   |   |

Please list software proficiencies below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please rank your first, second and third choice of internship opportunities.**

	1st	2nd	3rd		1st	2nd	3rd
HIV Counseling and Testing Services Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publications and Training Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Research Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Development Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Client Services Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Answers to these questions are required:**

1. Why do you want to participate in the AHP Post-Baccalaureate Internship Program?

2. How will the internship aid you in accomplishing your future goals?

---

Please provide information for two references.

**Reference 1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Information

**Reference 2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Information