
ADVOCACY SERVICES FOR ABUSED DEAF VICTIMS

INTERNSHIP APPLICATION



Please print/type:

Full Name: _____

Address: _____

E-mail: _____ Phone/Videophone: _____

Please tell us how you found out about ASADV? _____

1) Areas of Interest/Skills:

- ☐ Film/Video/Media Production
- ☐ Fine Arts
- ☐ Graphic Design
- ☐ Office Work/Administrative Assistance
- ☐ Professional/Technical Communication
- ☐ Web Design/Development
- ☐ Other: _____

2) Please briefly explain your interest in interning with ASADV:

3) Please describe your previous academic and work experience as well as the qualifications and skills you can bring to this internship position:

4) What is your desired start and end date? How many co-op/internship hours do you need for your program?

5) Please indicate the days/times you are available (Please fill in grid):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							
Overnight							

6) Do you have a reliable means of transportation? ☐ Yes ☐ No

Please explain: _____

7) What is the highest level of education you have completed?

☐ High School ☐ College (Degree pursuing/completed): _____

☐ GED ☐ Graduate (Degree pursuing/completed): _____

☐ Other _____

8) Please explain your communication skills (e.g., ASL, English):

References: Please list the names, addresses, emails, and phone/videophone numbers for two professional references below. We need to receive letters of recommendation from these references.

By signing below, I hereby declare that everything in this application is true.

Applicant's Signature

 / /
Date

Please mail or email your application materials to:

Mail: Aimee Whyte, Director of Programs and Services, Advocacy Services for Abused Deaf Victims,
121 N. Fitzhugh, Rochester, NY, 14602

Email: Aimee.Whyte@asadv.org