

Internship Application Please complete both sides of this application.

Name:							
Address:							
City/State/Zip:							
Home Phone:	Cellular Phone:						
E-mail Address:							
Date of Birth:		Are you 14 years old or older? Yes		No			
Emergency Contact Name and Phone:							
College: or University:							
Standing:	Freshman	Sophomore Junior		Senior			
Major:							
Instructor:							
Contact Number:							
Hours required:		Completic	Completion date:				
Do you live at a school residence?		Ye	Yes				
Do you have access to a vehicle?		Ye	s	No			
Are you applying for a specific internship?		Ye	Yes		No		
If yes, please li	ist the internship that	t you are applying fo	or:				

Are you currently employed	d? Yes	No		
Name of business you are v	vorking for:			
Have you ever been employ	ved at Weinber	g Campus before?	Yes	No
If yes, when?				
Where on Campus?				
Please list your special inter	ests, hobbies, a	and talents.		
Please list your availability:	Monday		to	
	Tuesday		to	
	Wednesday		to	
	Thursday		to	
	Friday		to	
	Saturday		to	
	Sunday		to	
☐ Yes, I am interested Weinberg Campus.	in receiving mo	ore information abou	it employ	ment opportunities at
Signature				Date



Thank You!

Please return to:

Clare Root, Director of Community Outreach and Campus Life Weinberg Campus, 2700 North Forest Road, Getzville, NY 14068 716-639-3311, ext. 2125