



INTO Giving Student Internship application form (USA)

Please note: Your completed application form is used to assess your suitability for the internships; it is important that you give the correct information. Please refer to the appropriate INTO Giving / Room to Read internship description as needed.

Please type or write your answers in BLOCK PRINT:

Application for appointment of (please state internship title and city – pick one of New York or San Francisco)

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Personal details:

Title (Ms / Miss / Mr):	First name:
Surname:	

Address:	
Email address:	
Contact telephone:	

Availability

Are you available to intern full-time for 4-6 continuous weeks across late June and July 2020?	
What is the earliest date you will be available for the internship?	
What is the latest date you can work at the internship?	
Do you have consent of your parents/guardian to participate in the internship	
Are you willing to appear in a short video and written interviews, with photos, about the internship ¹ ?	

Eligibility

Do you have a visa that allows you to do voluntary work in the US? (select one) YES NO

If yes, please provide details (including visa expiration date):
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¹ The video, written interviews and pictures may be used by INTO Giving and INTO University Partnerships and Room to Read as promotional materials

Please provide your most recent IELTS score and date

Score

Date

and your most recent TOEFL score and date

Education

Please give details of the INTO centre or university where you are enrolled and the level of your course (e.g. first year student, second year, third, etc)

Name and location of academic institution	Dates attended and courses studied

IT Skills

The INTO Giving/Room to Read internship requires competence in the following software packages. Please provide an honest indication of your level by ticking the appropriate boxes below:

IT package	Level		
	Basic	Intermediate	Advanced
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use this space to list any other IT skills			

Volunteering and employment history

Please provide details of **any** internships, INTO Giving involvement, volunteering or jobs held, including unpaid or voluntary work, beginning with the most recent.

Date from	Date to	Name of organization	Main responsibilities

References

Please give the names of two university or INTO references (for example: an instructor at your university, a member of INTO staff). **Please check with all references before listing them in this form.**

Name:	
Position:	
Relationship to applicant:	
INTO center or office/ university department	
Address:	
Tel:	
Email:	

Name:	
Position:	
Relationship to applicant:	
INTO center or office/ university department	
Address:	
Tel:	
Email:	

International Student Advisor signature

Please check with the International Student Advisor at your university that you are eligible to participate in the internship and any notes on conditions.

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International Student Advisor name:

International Student Advisor signature:

(add electronic or typed signature)

Date:

Data Protection Statement

The information that you provide on this form and that may be obtained from other relevant sources will be used to process your application. We may also use the information if there is a complaint or legal challenge relevant to the recruitment process. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law. By signing the application form you are agreeing to the processing of sensitive personal data in accordance with our registration with the Data Protection Commissioner.

Declaration

I declare that, to the best of my knowledge, the information given on this form is correct. I understand that providing misleading or false information will disqualify me from appointment or, if appointed may result in my dismissal*.

Applicant signature

Signature:	Date:
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*If you are completing this form electronically and are invited to serve as an intern, you will be required to sign your application form at that stage.

Please complete a statement of interest below

Statement of Interest

Outline your interest in the internship and **all** relevant skills and training. Please be certain to express your knowledge of the challenges of literacy in the developing world, the importance of girls' education in the developing world, the role of non-profit organizations in addressing the issues and why you want to help.

Please continue on a separate sheet if necessary.