

## APPLICATION FOR INTERNSHIP

*AIDS Foundation of Chicago is committed to providing equal opportunity in all of our employment, intern, and volunteer practices, including recruitment, selection, hiring, training, promotion, transfer, compensation, job benefits, dismissal, and social and recreational activities to all qualified persons without regard to race, religion, color, sex, sexual orientation, gender expression, age, national origin, citizenship status, veteran status, marital status, handicap, disability (including HIV status and/or other personal characteristics), or any other protected status in accordance with all federal, state, and local laws.*

### PERSONAL INFORMATION

Date of Application:   
*for office use only*

Last Name (Please Print)		First	Middle	
Current Address	Street	City	State	ZIP
Cell Number ( ) -	Home Number ( ) -	E-Mail Address: -		
Permanent Address (if different from above)		City	State	Zip
Do you have relatives in our employ? ( ) Yes ( ) No Name: _____				
Have you ever worked for this organization, in any capacity? ( ) Yes ( ) No If so, when? _____			Are you over 18 years of age? ( ) Yes ( ) No	
How did you learn of this internship? ( ) Internet ( ) Employee ( ) Advertisement ( ) School ( ) Other (please specify): _____				

### INTERNSHIP POSITION INFORMATION

For what internship(s) are you applying? (check all that apply)		For which internship period are you available? (check all that apply)	
<input type="checkbox"/> Public Health <input type="checkbox"/> HIV Prevention Justice <input type="checkbox"/> Outreach <input type="checkbox"/> Special Events <input type="checkbox"/> Advocacy <input type="checkbox"/> Dance for Life <input type="checkbox"/> Government Relations		Spring 2012	
Dates available (min. 8 week commitment) Begin: _____ End: _____		What days of the week are you available?	
What hours are you available? (for each weekday listed above)			
Do you plan to receive course credit for completion of this internship?* ( ) Yes ( ) No <b>* If yes, please attach any relevant information regarding your program's requirements for receiving credit.</b>			
University	Department	Faculty Advisor/ Internship Coordinator	Tel: _____ Email: _____

**Please submit completed application, with resume and cover letter to:**

**Internship  
AIDS Foundation of Chicago  
200 W. Jackson Blvd., Suite 2200  
Chicago, IL 60606**

**E-Mail: [interns@aidschicago.org](mailto:interns@aidschicago.org)  
Fax: (312) 922.2916**

I certify that all information and statements which I have set forth in this application, and documents submitted as part of this application, are true and correct to the best of my knowledge. I further understand that I will be required to follow the policies and rules of the AIDS Foundation of Chicago.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_