

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 and identity, age, national origin, citizenship status, veteran status, marital status, handicap, disability (including HIV status and/or other personal characteristics) or any other protected characteristics 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 - -	Email Address:			
Permanent Address (if different from above)		City	State	ZIP	
How did you learn of this internship? () Internet () Employee () Advertisement () School () Other (please specify):					
Have you ever worked for this organization in any capacity? () Yes () No			If so, when?		
			Are you over 18 years of age? () Yes () No		

INTERNSHIP POSITION INFORMATION - WINTER/SPRING 2019

For what internship(s) are you applying? Prevention Community Partnerships Pride Action Tank Social Media Business Development (Bachelor's) Business Development (Master's) Housing			
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 * If yes, please attach any relevant information regarding your program's requirements for receiving credit.			
University	Department	Faculty Advisor/ Internship Coordinator	Tel: _____
			Email: _____

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

(Preferred)

Email: interns@aidsschicago.org

AFC - Internship Program
200 W. Jackson Blvd., Suite 2100
Chicago, IL 60606

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: _____