



Date

Internship Application

Thank you for your interest in working with the Starlight Children's Foundation of Washington State! We look forward to working with you as we fulfill our mission of brightening the lives of seriously ill children and their families. Please help us by completing the information below and returning this form in the enclosed envelope.

1. Personal Information

Last Name:	First Name:	M.I.:
Home Address:		
City:	State:	Zip:
Home Phone:	Additional Phone:	
E-mail Address:		
Social Security Number:	Date of Birth:	
Driver's License Number:	State:	

2. Education

College:		
School Address (if different from above):		
City:	State:	Zip:
School Phone (if different from above):		
Field of Study/Major:		
Minor:		
Advisor:	Advisor's Phone:	
Course Name/Course Code associated with Internship:		
Starlight Children's Foundation Internship you would like to pursue:		
<input type="checkbox"/> Children's Services	<input type="checkbox"/> Fund Development	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Marketing		

3. Employment (please list your current or most recent place of employment)

Employer:	Work Phone:	
Address:		
City:	State:	Zip:
Job Title:	Hours per Week:	
Summarize Work Duties:		

Relevant Professional Certificates and/or Licenses:		

4. Related Volunteer or Work Experience (Attach Additional Sheet if Necessary)

Organization/Agency:

Phone:

Address:

City:

State:

Zip:

Summarize Work Duties:

✓ Please check any special skills, services, experiences, etc., that you can offer:

- | | | |
|---|---|---|
| <input type="checkbox"/> Newsletter Publication | <input type="checkbox"/> Foreign Languages | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Display/Decoration |
| <input type="checkbox"/> Office Administration | <input type="checkbox"/> Phone Customer Service | <input type="checkbox"/> Travel Planning |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Editing | <input type="checkbox"/> Entertainment |

Please explain or expand on your experience and add any additional experience not listed.

✓ Computer Skills

List all computer software programs you are familiar with (please be as specific as possible). Next to each program, please indicate your proficiency level; (B) = Beginning (V) = Average (A) = Advanced (I) = Instructor.

✓ Children's Programs

Please expand on your experience with children and/or with seriously ill children. Related experience can be as a result of volunteer, job, or personal knowledge. (Note: If you have already described your experience working with children under Section #3 there is no need to repeat).

? Comments and Questions

Please include any additional comments or questions you have for the Starlight Children's Foundation.
