



S A N D R A D A Y  
**O'CONNOR**  
**I N S T I T U T E**

**Internship Application**

*In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume. Incomplete applications will not be reviewed.*

**Eligibility:** A candidate must be a graduate student; an undergraduate student; or have graduated from college within 12 months of beginning the internship.

Please submit your completed application to [heather@oconnorinstitute.org](mailto:heather@oconnorinstitute.org) or fax it to (602) 324-7583.

Name: \_\_\_\_\_

School and Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you requesting that your college grant you credit hours for your internship? \_\_\_\_\_

Dates available to perform internship: \_\_\_\_\_

**Education:**

TYPE OF SCHOOL	NAME AND LOCATION	DEGREE/DATE	MAJOR
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Licenses: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Employment History (If Applicable):**

Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Community/Professional organizations, honors and awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities relevant to the internship for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to work as an O'Connor House intern? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that all of the statements in this application are true and complete to the best of my knowledge.*

*I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.*

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