

What is **LOVE** Intern Application

Instructions

- Please fill out application in word document, save as a pdf and send to info@whatisLOVEteens.org
- Or print pdf, fill out application, scan, and send to info@whatisLOVEteens.org

Applicant Information		
Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
How did you hear about our internship program?		

College students interested in an intern position must:

- **Complete 3-day training- date and location to be determined**
- **Attend weekly supervision**
- **Be available 1 day per week Monday-Friday from 8AM-3PM**
- **Have their own transportation**
- **Commit to 1 full year**

Please check availability	Monday	Tuesday	Wednesday	Thursday	Friday	Transportation	School
FALL Quarter							
Winter Quarter							
Spring Quarter							

Areas of Interest

Please indicate which area interests you:

- School-Based Educator
 Educator Manager
 Organization/Marketing/Communication Social Media
 Design

Other, please explain:

Experience/Education and Skills

Current employment status: Full-time Part-time Not Employed

Current or most recent paid position held

Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
GRADE LEVEL <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Are you interested in course credit or paid stipend?	

Personal Information

Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:

Professional References

Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date:

Photo Release and Promotions

I _____ have agreed to participate in the
What is LOVE: a dating violence prevention program.

I understand that I may be photographed or videotaped during production, promotions, training, presentations, or events. My name may be used in newspaper articles, television programming, or promotional literature. What is LOVE (WIL) has the right to reproduce and use my picture, image, likeness, voice, commentary, and dialog by any means available and all media available for marketing, promotion, communication and advertising.

By signing, I relinquish all right, title, and interest, including copyright to WIL. WIL reserves the right to give, sell, transfer, publish, display, and exhibit the originals, negatives, reproductions, copies and facsimiles to any individual, business, firm, entity or publication or to any of their assignees to circulate and distribute.

I hereby give my consent to use my name, picture, or video image to promote the What is LOVE Dating Violence Prevention Program.

Signature _____ Date _____

Phone: _____ Email: _____

For more information, please contact

**Christy Stillwell, M.A. Psy.,
What is LOVE Founder & Executive Director
Email: christy@whatisloveteens.org**