



## The Representation Project Internship Application

### APPLICANT INFORMATION:

First Name:	Last Name:	Date:
Street Address:		Cell #:
City:	State:	Zip:
Email Address:		
Which internship(s) are you applying for? <input type="checkbox"/> Youth Programs <input type="checkbox"/> Communications <input type="checkbox"/> Development <input type="checkbox"/> Film Impact <input type="checkbox"/> Research <input type="checkbox"/> Operations		Which school do you currently attend? (if applicable)  What year are you?  What major are you enrolled in?  Are you over 18?
How did you hear about The Representation Project?		

### AVAILABILITY:

- Fall 2021
- Spring 2022
- Summer 2022

HOURS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Personal/Professional References		
Name	Relationship	Contact (email and/or phone number)



**PERSONAL INFORMATION (\*required)**

\*Why are you interested in an internship with The Representation Project?

\*What specific experience would you like to gain through this internship?

\*Describe your long-term career goals:

Other:

Do you have a LinkedIn profile? If so, please add your LinkedIn address.

- YES \_\_\_\_\_
- NO

Please submit The Representation Project **Internship Application form and your resume** to [joinus@therepproject.org](mailto:joinus@therepproject.org) with "Intern Application" [and add the department you are interested in] as your subject line. We will follow up with you directly for the next steps in the recruiting process, as appropriate. Thank you again for your interest in our mission. We value your support and passion!