



# IFSN Transitional Housing Program

# Intern Application

*(Please complete this application and fax to (707) 546-1544 or e-mail to IFSN8339@aol.com)*

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

What are your career/educational objectives? \_\_\_\_\_

\_\_\_\_\_

Institution: \_\_\_\_\_ Major/minor? \_\_\_\_\_

Education to date: \_\_\_\_\_

Encapsulated work experience: \_\_\_\_\_

How many hours do you need to satisfy educational requirements? \_\_\_\_\_

What will your hourly commitment to our organization be per wk/month? \_\_\_\_\_

What times/days do you expect to be available? \_\_\_\_\_

Are you available evenings and weekends? \_\_\_\_\_

Who referred you to our organization: \_\_\_\_\_

Name and Phone Number

References (or include a letter of reference): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**