



SUMMER INTERNSHIP APPLICATION 2010

Name _____ Telephone _____ Date _____

Address _____
(street) (city) (state) (zipcode)

Email address _____ Cell Phone _____

School/College _____ Class Year _____ Major _____

Faith Community (if any) i.e., name of Congregation, etc. _____

How did you hear about SICM? _____

If you have ever volunteered for SICM or know someone associated with SICM, please indicate:

SICM interns typically complete up to 240 hours during the summer. Salary is \$7.50/hour. Full-time (30-40 hours/week for eight weeks) or part-time positions (15 hours/week or flexible week) are available, depending upon program interested in. *Applications accepted on first-submitted, first-considered basis.*

I am interested in: part-time _____ full-time _____ flexible schedule _____

I am interested in working in the following programs (please rank in order of interest, 1 being highest):

____ Damien Center ____ Food Program ____ Summer Lunch Program

____ Safe Parks/Edible Playgrounds Other _____

Dates Available: _____ to _____

Note: limited time off is available only with prior approval.

***Please attach a resume and include any paid or volunteer work experience.**

Please indicate any skills you would like to share:

____ Creative Writing ____ Photography ____ Videography ____ Office/clerical skills

____ Interviewing skills ____ Listening skills ____ Organizational/business skills ____ Telephone skills

____ Artistic/Creative skills ____ Working with children/recreation ____ Other

____ Computer skills (please specify software applications): _____

I speak another language fluently ___yes ___no What language? _____

I have a driver's license ___yes ___no I have access to transportation ___yes ___no

I will carpool if necessary ___yes ___no

I can utilize this internship for college credit. ___yes ___no If yes, provide documentation necessary for SICM staff to complete. (participation in this will be determined on a case-by-case basis)

Why would you like to participate in the SICM Summer Internship Program? (please attach separate sheet if necessary) _____

Please provide 2 references:

Name: _____ Phone: _____

Title and Organization: _____

Name: _____ Phone: _____

Title and Organization: _____

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I will commit to this internship with the same responsibility and dependability I would demonstrate with any employment. I understand that I will be paid \$7.50/hour. I understand I will be receiving an orientation to all SICM programs and will be trained for the program in which I will be chosen to work. I understand I will receive work assignments from the supervisor of the assigned program. I understand I will take part in periodic meetings to discuss assignments and reflect upon learning experiences.

Signature \_\_\_\_\_ Please PRINT Name \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian Signature if under age 18 \_\_\_\_\_ Date Signed \_\_\_\_\_

Emergency Contact/Medical Information:

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

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

Please indicate any allergies, including food: \_\_\_\_\_

Health Insurance Information: \_\_\_\_\_

Preferred Hospital in case of emergency: \_\_\_\_\_

Please submit completed form and resume to: SICM Internship Program, 930 Albany Street, Schenectady, NY 12307 or email to Janet Mattis, Intern Coordinator, [jmattis@sicm.us](mailto:jmattis@sicm.us)