



INTERNSHIP APPLICATION

Name _____

College/University _____

Year (please circle) Freshman Sophomore Junior Senior Graduate Student

Which Kids Bridge internship are you seeking? _____

Phone _____ Email _____

Best Time To Contact: AM _____ PM _____

Days Available (please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times Available: Morning: _____ Afternoon: _____ Evening: _____

How did you hear about Kids Bridge and its internship program?

What would you like to learn from this internship?

What special skill(s) or knowledge do you have that you would like to put to use with this internship?

What school requirements must you complete through this internship?

**Please attach your current resume to this application.
Call to schedule an appointment to return your
application for consideration. Or return by mail.**