



Application for Internship

Date of Application Fall Semester Spring Semester Summer Semester

Internship Semester Requested

Student Information

Name

Address

City State Zip Code

Home Phone Cell Phone

E-Mail Address

College or University Information

Major/School of Study

College/University:

Are you able to receive credit hours for an internship through your school?

Are you legally eligible to work in the United States?

Yes No

Yes No

Availability

Which shifts would best match your availability for the semester? (Please select your top two)

Sundays - 9:30am to 6:00pm

Mondays - 9:30am to 6:00pm

Tuesdays - 10:30am to 7:00pm

Wednesdays - 9:30am to 6:00pm

Thursdays - 10:30am to 7:00pm



Experience

Please list areas of study that qualify you for this internship:

Please list relevant accomplishments that qualify you for this internship:

Please list relevant work experience that qualify you for this internship:

Please list any organizations and/or affiliations in which you are a member or serve as a volunteer:

Licenses/Certifications:

Other Skills/Abilities:

Computer Software in which you are proficient:

References (Please Provide 3 professional references)

Reference 1

Name: Company:

Title: Phone:

Email:

Reference 2

Name: Company:

Title: Phone:



Email:

Reference 3

Name: Company:

Title: Phone:

Email:

Please complete all sections and return to CHOC Children's along with relevant materials (letter of recommendation, current list of courses taken, resume, cover letter, etc.) to:

Mail: CHOC Childrens
Child Life Department
Attn: Bryan Mundia
1201 West La Veta Avenue
Orange, CA 92868
Email: bmundia@choc.org
Phone: (714) 509-7839
Fax: (714) 509-8492