



APPLICATION FOR INTERNSHIP

Nancy Adams
Executive Director

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Name: Date:

Present address:

Phone:

Permanent Address:

Phone:

D.O.B: AGE: SEX:

I. Education and other relevant training:

II. Interest, skills, and strengths applicable to our program:

III. Teaching experience:

IV. Health and/or physical limitations:

V. What is the earliest possible date you could arrive at Pine Mountain?

VI. Can you stay a full semester (mid-February - Memorial Day or Labor Day - early December?)

VII. What do you hope to accomplish during your stay at Pine Mountain?

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VIII. Please provide the names, addresses, and telephone numbers of 2 persons whom we can contact to find out more information about you:

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>		
Relationship:	<input type="text"/>		
Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>		
Relationship:	<input type="text"/>		

If you need more space to answer these questions, use the space provided below. Indicate section # you are adding to.

You may also include a personal resume as an attachment to an email. (pinemountain@earthlink.net)

Thank you for taking time to complete this application.

Please provide any additional information or comments here:

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