



INTERNSHIP APPLICATION

CONTACT INFORMATION		
Last Name:	First:	
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Mobile Phone:	
Email Address:		
In Case of Emergency Contact:		
Emergency Contact Number:		

EDUCATION				
Type of School	Name and Location	Degree, Conferral Date	Major(s)	Minor(s), if Applicable
High School				
College				
Graduate School				
Please list Scholastic Honors and/or Licenses:				

AVAILABILITY
Please indicate the semesters and year for which you are interested in interning:
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ <input type="checkbox"/> Other, please explain:
Please indicate the number of hours per week/month you are available to intern:

If this experience is for class credit, please describe the type of commitment you are expected to make (including number of hours, written documentation needs, etc.):

Please list your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

AREAS OF INTEREST

Operations Support	Committees
<input type="checkbox"/> Office: Phone Support, Filing, etc. <input type="checkbox"/> Newsletter Production/Blog <input type="checkbox"/> Grant Writing <input type="checkbox"/> Website Development <input type="checkbox"/> Social Media	<input type="checkbox"/> Development <input type="checkbox"/> Special Events <input type="checkbox"/> Advocacy <input type="checkbox"/> Outreach/Education <input type="checkbox"/> Communications

QUESTIONS

Please briefly answer the following questions. We encourage you to be honest and open. If you require any additional space, please use a separate page and note the corresponding question numbers.

1. How did you hear about The Alliance? What do you know about the internship position?

2. Why would you like to intern at The Alliance?*

*If you are in recovery from an eating disorder, we ask that you please take a year in recovery before accepting a position at The Alliance and reach out to us again upon completion of that year.

QUESTIONS CONTINUED

3. Please summarize your previous volunteer experience(s) or internship(s). Please include more detail here than is present on your resume.

4. Please summarize special skills or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports.

4A. Please summarize your computer proficiency skills, including experience with Microsoft programs.

4B. Please summarize your communication skills, both verbal and written.

4C. How comfortable are you speaking professionally over the phone?

4D. Please summarize your experience delivering presentations.

4E. How comfortable are you speaking publicly?

4F. Please discuss how these skills would make you a good fit for The Alliance.

QUESTIONS CONTINUED

5. What education do you have about eating disorders/disordered eating and/or body image issues?

6. Please describe a time when you have had to work in a self-directed or independent way.

7. What does professionalism mean to you?

8. Please describe a time when you have had to work with someone much different from yourself.

9. How comfortable do you feel working with a population of individuals with severe and persistent mental illness?

10. Please discuss your expectations, ideas and/or hopes for your experience at The Alliance. What areas, both personally and professionally, would you like to further develop during your experience here?

11. Please describe your long-term career goals as best as possible.

12. (Optional) Please share anything else that you believe would be helpful for us to know about you.

PROFESSIONAL REFERENCES

Name:	Title:	Contact:
Name:	Title:	Contact:

SIGNATURE

By submitting this application, I affirm that the facts set forth are true and complete. I understand that false or misleading information given in my application or interview(s) may result in dismissal as an intern. I understand, also, that I am required to abide by all rules and regulations of The Alliance for Eating Disorders.

Name (Signature):

Date:

Thank you for filling out this application. It is the policy of The Alliance for Eating Disorders Awareness to provide equal opportunities without regard to race, ethnicity, religion, national origin, gender, sexual identity, age, or ability.

Please submit via email with "Internship Application" in the subject line to Liz Motta, LMHC at lmotta@allianceforeatingdisorders.com along with your resume.

The Alliance for Eating Disorders Awareness
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