



# Hand in Paw

## Internship Application

Name on Application: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

University/College: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Date you are expected to graduate? \_\_\_\_\_

When are you available to work? Start date \_\_\_\_\_; End date \_\_\_\_\_

How many hours a week would you like to work? 1 – 5 Hours ; 5 – 10 Hours ; 10 – 15 Hours .

Have you ever volunteered/worked with HIP before? Yes  No

How did you hear about the organization?

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What are you most interested in doing with the organization (Please list your top 5)?

Organization

General Office Work

Data Entry

Outreach

Special Event Prep

Small Projects Around the Office

Setting up a Filing System

Other

What is your goal for this internship?

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Briefly explain why you want to work with HIP and what your goals for the internship are? Please include specific objectives and expected benefits of the internship.

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Please list additional experiences, skills, or qualifications that make you a good fit for the Hand in Paw Internship Program.

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