

**NATIONAL ORGANIZATION for WOMEN**  
**Mid-Suffolk Chapter**  
 Internship Application



APPLICANT INFORMATION																	
Last Name						First				M.I.		Date					
Street Address										Apartment/Unit #							
City						State				ZIP							
Phone						E-mail Address											
Dates Available																	
EDUCATION																	
College						Field of Study											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other						Address											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES																	
<i>Please list two references.</i>																	
Full Name								Phone									
Company or Professor's Subject								Relationship									
Full Name								Phone									
Company or Professor's Subject								Relationship									
PREVIOUS EMPLOYMENT																	
Company						Phone											
Address						Supervisor											
Job Title																	
Responsibilities																	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>																	

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**WHAT IS FEMINISM? WHY DO YOU WANT THIS INTERNSHIP WITH NOW?**

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Signature

Date