



## **2. Work Experience**

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*List all work experiences, beginning with the most recent. Attach additional sheets if needed.*

1) Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

Address: \_\_\_\_\_

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

2) Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

Address: \_\_\_\_\_

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

3) Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

Address: \_\_\_\_\_

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

## **3. Institutional Information (if applicable)**

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

Major: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Academic Credit Arrangements**

*Please list the credits you will be receiving from your institution for your internship (1) and describe the evaluation WATER is required to complete for your institution (2).*

*Please have your institution contact WATER (waterstaff@hers.com) to confirm all arrangements.*

(1)

(2)

**Faculty Advisor Agreement (if applicable):**

*I endorse this student's candidacy for an internship at WATER. I acknowledge that I am the Faculty Advisor for this student for the duration of this program and that I will receive all evaluations for this student.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Essay**

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Please include an essay (*limit two double-spaced, 12 point typed pages*) that describes:

- 1) Your background and related experience
- 2) Your overall personal goals for the internship, including any issues or concerns on which you wish to work while at WATER

**5. Letters of Recommendation**

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Please request two letters of recommendation from faculty, a work supervisor, or religious leader. Your recommenders should send the letters directly to WATER by email or postal mail (see below).

**6. Emergency Information**

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Emergency Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Email: \_\_\_\_\_

**7. Internship Agreement**

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*I understand that the Internship Application and all supporting materials submitted to WATER will not be returned or transferred to other institutions or potential employers. I certify that the information provided is complete and accurate. I understand that housing, meals, travel and miscellaneous expenses will be my responsibility.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit all application materials to:*  
Women’s Alliance for Theology, Ethics, and Ritual | ATTN: Internship Program  
8121 Georgia Avenue, Suite 310 | Silver Spring, MD 20910-4933 USA  
Fax: 301.589.3150 | [waterstaff@waterwomensalliance.org](mailto:waterstaff@waterwomensalliance.org)

**Rolling deadline for year-round interns; Deadline for summer interns is March 15, 2019**