

WATER Internship Application 2019

1. Personal Data

Name: _____
 First Middle Last

Address: _____
 Street

 City State Zip

Phone: _____

Permanent Address: _____

Permanent Phone: _____

Please list the dates for which you are considering an internship (*6 weeks minimum*):

List office and computer skills/experience you have:

Languages spoken (indicate proficiency level):

Other skills you would like to mention:

List extracurricular and community activities (**or attach a resume along with the application**):

2. Work Experience

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)

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

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

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

Emergency Contact Person:

Name: _____

Address: _____

Phone: (Day) _____ (Night) _____

Email: _____

7. Internship Agreement

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

Rolling deadline for year-round interns