

Internship Interest Form

Contact Information

Name: _____ Phone: _____
 E-mail: _____ College/University: _____
 Major: _____ GPA: _____
 Current Address: _____ City, State & Zip: _____
 Permanent Address: _____ City, State & Zip: _____

Internship Preferences

Desired Internship Location (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Cincinnati, Ohio | <input type="checkbox"/> Indianapolis, Indiana |
| <input type="checkbox"/> Cleveland, Ohio | <input type="checkbox"/> Louisville, Kentucky |
| <input type="checkbox"/> Columbus, Ohio | <input type="checkbox"/> Toledo, Ohio |

Desired Internship Focus Area offered at ALL LOCATIONS (please check all that apply):

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Wish Program | <input type="checkbox"/> Fundraising |
|---------------------------------------|--------------------------------------|

Desired Internship Focus Area offered at COLUMBUS LOCATION ONLY (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Volunteer Services | <input type="checkbox"/> PR & Communications |
| <input type="checkbox"/> Referrals | <input type="checkbox"/> Social Media & Marketing |
| <input type="checkbox"/> Development & Research | <input type="checkbox"/> Marketing Administrative |
| <input type="checkbox"/> Office Operations | <input type="checkbox"/> Human Resources & Administration |
| <input type="checkbox"/> Finance Administration | <input type="checkbox"/> Information Technology |

Semester(s) Available:

- | | |
|--|--|
| <input type="checkbox"/> Fall
Starts: _____ Ends: _____ | <input type="checkbox"/> Winter
Starts: _____ Ends: _____ |
| <input type="checkbox"/> Spring
Starts: _____ Ends: _____ | <input type="checkbox"/> Summer
Starts: _____ Ends: _____ |

Total Hours Available Per Week:

- | | |
|---|--|
| <input type="checkbox"/> Part time, specifically _____ hours/week | <input type="checkbox"/> Full time (40 hours/week) |
|---|--|

Please indicate the specific days and times you are available to work:

- | | | |
|---|--|--|
| <input type="checkbox"/> Mondays: _____ | <input type="checkbox"/> Tuesdays: _____ | <input type="checkbox"/> Wednesdays: _____ |
| <input type="checkbox"/> Thursdays: _____ | <input type="checkbox"/> Fridays: _____ | <input type="checkbox"/> Unsure at this time |

Would this internship be for school credit?

- Yes, specifically _____ hours No

General Information

How did you learn about Make-A-Wish? _____

What do you hope to gain from an internship with Make-A-Wish? _____

**Please complete and email this Internship Interest Form along with your cover letter and resumé to:
 volunteer@makeawishohio.org with "Internship" in the subject line.**