Internship Registration Form

Apply for a college internship. Email this form and your resume to mwcorg@mwcorg.org.

FORM MWCO-602 | COLLEGE STUDENTS

Men & Women of Character Organization
A 501(c)(3) nonprofit serving Metropolitan Trenton, NJ since 2014
909-220-8589 | mwcorg@mwcorg.org | www.mwcotnj.org

1. STUDENT INFORMATION

FULL NAME (AS ON ID) | PREFERRED NAME | PHONE | 18 OR OLDER? (Y/N)

EMAIL | STREET ADDRESS

CITY / TOWN | STATE | ZIP | BEST WAY TO REACH YOU

2. SCHOOL INFORMATION

COLLEGE OR UNIVERSITY | MAJOR OR FIELD OF STUDY | EXPECTED GRADUATION

CLASS YEAR

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate student ☐ Recent graduate

SCHOOL CREDIT

☐ I need this internship for school credit ☐ I do not need credit ☐ Not sure yet

ADVISOR OR INTERNSHIP COORDINATOR | EMAIL | PHONE | HOURS OR CREDITS NEEDED

3. INTERNSHIP OPTIONS

Choose up to two

INTERNSHIP TRACK	1ST CHOICE	2ND CHOICE
Events & Logistics	☐	☐
Marketing, Social Media & Communications	☐	☐
Photography, Videography & Media	☐	☐
Youth & Program Development	☐	☐
Nonprofit Administration & Finance	☐	☐
Partnerships, Sponsorship & Fundraising	☐	☐
Community Outreach & Health Equity	☐	☐

4. AVAILABILITY

TERM

☐ Spring ☐ Summer ☐ Fall

YEAR | DESIRED START DATE | DESIRED END DATE | HOURS PER WEEK YOU CAN OFFER

DAYS AND TIMES YOU ARE USUALLY AVAILABLE

☐ Weekday daytime ☐ Weekday evenings ☐ Saturdays ☐ Sundays

We put our hearts in everything we do!

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FORM MWCO-602 | COLLEGE STUDENTS | CONTINUED

- ☐ I have reliable transportation to events and meetings
- ☐ I can attend some evening and weekend events

5. SKILLS & EXPERIENCE

CHECK ALL THAT APPLY

- ☐ Canva or design
- ☐ Social media
- ☐ Photo or video
- ☐ Office or Google apps
- ☐ Writing and editing
- ☐ Excel or data entry
- ☐ QuickBooks or accounting
- ☐ Event planning
- ☐ Public speaking
- ☐ Mentoring or tutoring
- ☐ Research
- ☐ Other languages

WHY DO YOU WANT TO INTERN WITH MWCO?

WHAT DO YOU HOPE TO LEARN OR ACCOMPLISH?

RELEVANT WORK, VOLUNTEER, OR LEADERSHIP EXPERIENCE

6. REFERENCES & EMERGENCY CONTACT

REFERENCE NAME	RELATIONSHIP (PROFESSOR, EMPLOYER, ETC.)	PHONE OR EMAIL

EMERGENCY CONTACT | **RELATIONSHIP** | **PHONE**

7. AGREEMENT

- ☐ The information I provided is true to the best of my knowledge.
- ☐ I will communicate with my supervisor, keep my agreed schedule, and give notice as early as possible if I cannot attend.
- ☐ I will represent MWCO with respect, integrity, and good character; use my official MWCO email for MWCO business once assigned; and keep participant, donor, and member information confidential.
- ☐ I understand that interns who work directly with youth may be asked to complete a background screening before serving.
- ☐ Optional: I give MWCO permission to use photos or video of me from its events in print, web, and social media.

PRINTED NAME | **SIGNATURE (TYPE YOUR NAME OR SIGN)** | **DATE**

FOR MWCO USE ONLY

DATE RECEIVED | **RECEIVED BY** | **INTERVIEW DATE** | **TRACK ASSIGNED** | **SUPERVISOR** | **START DATE**

- ☐ Resume received
- ☐ Interviewed
- ☐ References checked
- ☐ Accepted
- ☐ Waitlisted
- ☐ Not this term