

GirlVentures Intern Application



Name: _____ Date: _____
Email: _____ Phone: _____
Address: _____ City: _____
Year in School: _____ State: _____ Zip: _____
School (name & city): _____
Is this internship for credit? _____ Desired # of hrs/wk: _____
If for credit, name of Advisor: _____
Ideal Start Date: _____ End Date: _____

PLEASE ANSWER THE FOLLOWING ON A SEPARATE SHEET OF PAPER

1. Why do you want to intern with GirlVentures?
2. What are you hoping to gain from this experience?
3. Is there specific project you would like to work on?
4. How would this internship support your long-term goals or aspirations?
5. Do you have previous work experience? (*No experience necessary*)
6. Are you able to work some weekends and/or nights?
7. What 3 strengths would you bring to our team? (Please include examples of times you've used those strengths)
8. Any other relevant information you want to share with us?

Thanks for your submission!
Please return via email to: volunteer@girlventures.org or by fax: 415.861.3464