



Name (First, Last) _____ Nickname: _____

Email: _____ Phone: (_____) _____

Local Address: _____ Zip Code: _____

University: _____ Degree/Major: _____

Length of internship sought: _____ Desired Start/End Date _____

Availability (times/days of week) _____

Internship Opportunity Desired: _____

Emergency Contact: _____ **Phone:**(_____) _____ **Relation:** _____

If undecided about specific internship position, please choose a program area that you would be interested in (check all that apply):

- Caring Companions
 Endwright Center
 Farmer's Market
 Nutrition Program
 Marketing
 Development
 Undecided

Please describe any relevant skills and expertise you would bring to Area 10 with this internship.

If this internship will help to complete university requirements, please explain the type of activities or projects required for your program, including the level of mentoring or supervising required, and other relevant information (course, professor, etc.) to help us determine if this internship would be a good fit.

Do you have reliable transportation? Yes No

Employment History

Most recent position: _____ Employer: _____

Address: _____ Supervisor: _____

Start Date: _____ End Date: _____ Telephone Number: _____

Description of duties: _____

Position: _____ Employer: _____

Address: _____ Supervisor: _____

Start Date: _____ End Date: _____ Telephone Number: _____

Description of duties: _____

REFERENCES (Name, Address Phone Number and/or email):

Name: _____ Telephone Number: _____

Email Address: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Email Address: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Email Address: _____

Relationship: _____ Known how long: _____

I verify that all of the information above is correct and true to the best of my knowledge. I am **interested in interning at Area 10**. I understand that all information is kept strictly confidential. I give Area 10 the right to investigate all references. I hereby **release the use of my photograph**, and understand that the photograph may be used for a variety of purposes, including, but not limited to, newspapers, websites, brochures, and newsletters. I release Area 10 Agency on Aging from any claim which may arise from participation in Area 10 activities. My signature also verifies my **permission to run a criminal background**. I agree to notify Area 10 immediately if anything changes that would affect the results of my background check.

Signature of Applicant: _____ Date: _____

Internship applications may be returned via email to info@area10agency.org or delivered to our address at 631 W. Edgewood Dr., Ellettsville, IN 47429. If you have any questions regarding the application, please call us at (812) 876-3383.

Area 10 shall not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment or any matter related directly or indirectly to employment because of race, age, color, religion, sex, sexual orientation, familial status, disability, national origin or ancestry. Area 10 complies with Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Executive Order 11246, as applicable, and all other non-discrimination regulations of the U.S. Government. Area 10 complies with the Drug Free Workplace Act of 1988 with regards to the manufacture, distribution, dispensing, possession or use of controlled substances being unlawful. All job applications for safety-sensitive positions are subject to pre-employment drug testing and ongoing drug and alcohol testing in accordance with the Federal Transit Administration 49CFR653 and 654. Area 10 Agency on Aging is a smoke-free workplace.