



Internship Application

Position Applying For: _____

Name (Last/First/MI): _____

Date available to begin: _____ Hours available per week: _____

Permanent Address	
Street or PO Box	
City	
State	
ZIP	
Phone	

Campus Address	
Street or PO Box	
City	
State	
ZIP	
Phone	

Virginia Resident? Yes No Email: _____

What time of day are you available by phone? _____

Native language: _____

Secondary languages (with fluency): _____

University/College/High School you attend: _____

Educational Status by start of internship:

High School: Junior Senior

University/College: Freshman Sophomore Junior Senior Graduate Student

Expected Graduation (month/year): _____

Major: _____ Minor: _____

Are you enrolled in a Cooperative Education Program? Yes No

Contact name: _____ Contact phone: _____

Internship-relevant courses: _____

Computer Software:

Microsoft Word Microsoft Excel Microsoft PowerPoint Microsoft Access

Other: _____

Level of proficiency (basic, intermediate, advanced): _____

Extracurricular Activities

Previous Work Experience

A resume must be attached

<i>I certify that the information I have provided is true, correct, and complete to the best of my knowledge.</i>	<i>Please email application and resume to intern.coordinator@vhda.com.</i> <i>If email is not an option, information may be mailed to:</i> <i>601 S. Belvidere Street, Richmond, VA 23220</i>
Signature: _____	
Date: _____	
<i>VHDA is an affirmative action, equal opportunity employer.</i>	