



END AIDS. LIVE LIFE.

Internship Application

INSTRUCTIONS:

- To apply for an internship at GMHC, send the following items to internships@gmhc.org: Internship Application, Pledge of Confidentiality, Resume and Cover Letter.
- In your cover letter, include your specific area of interest, why you are interested in interning at GMHC, what you would like to gain from this internship and your long-term goals.

DATE:

APPLICANT INFORMATION											
Last Name			First			M.I.					
Street Address						Apartment/Unit #					
City			State			ZIP					
Home Phone		Cell Phone		E-mail							
Sex Assigned at Birth*		Female <input type="checkbox"/>		Male <input type="checkbox"/>		Intersex <input type="checkbox"/>					
Gender Identity*		Female <input type="checkbox"/>		Male <input type="checkbox"/>		Transfeminine <input type="checkbox"/>		Transmasculine <input type="checkbox"/>		Genderqueer <input type="checkbox"/>	Other:
Pronouns		She/Her <input type="checkbox"/>		He/Him <input type="checkbox"/>		They/Them <input type="checkbox"/>		Other:			
*Optional – for demographics only.											
SCHOOL INFORMATION											
College/University											
PT or FT Student (circle one)		First Year <input type="checkbox"/>		Sophomore <input type="checkbox"/>		Junior <input type="checkbox"/>		Senior <input type="checkbox"/>		Graduate School <input type="checkbox"/>	
School Contact Name			School Contact Title								
School Contact Phone			School Contact Email								
During which semester(s) would you like to complete your internship? (check all that apply)						Fall <input type="checkbox"/>		Spring <input type="checkbox"/>		Summer <input type="checkbox"/>	
Required Number of Hours			Deadline to Complete Hours								
Additional School Requirements (if any)											
ADDITIONAL INFORMATION											
How did you hear about GMHC?											
Computer/Technology Skills											
Please list any additional skills, including languages.											
REQUIRED QUESTION - Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>											

SIGNATURE	
Signature:	Date:



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Pledge of Confidentiality

In volunteering my time for Gay Men’s Health Crisis (GMHC), I understand that in the course of my service for GMHC, I may learn certain facts about individuals being served by GMHC that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as completely confidential. I understand that all HIV-related information is protected under the New York State confidentiality law (Article 27-f) and I agree to abide by the provisions of that law. I may also learn facts about an individual’s alcohol and drug history, and in accordance with federal law (HIPAA) this information must be kept confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with GMHC and/or authorized by GMHC to have such information.

I further agree to keep confidential all information I may learn about GMHC volunteers, paid staff, or individuals who make donations to GMHC.

Print _____

Signature _____

Date _____