



END AIDS. LIVE LIFE.

Internship Application

INSTRUCTIONS:

- To apply for an internship at GMHC, send the following items to internships@gmhc.org: Internship Application, 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 #			
City			State			ZIP				
Home Phone				Cell Phone				E-mail		
Pronouns		___ She/Her		___ He/Him		___ They/Them		Other:		
Are you a GMHC client? ___YES ___NO				Are you related to a GMHC staff member? ___YES ___NO						
				If yes, please share the name: _____						
SCHOOL INFORMATION										
College/University										
PT or FT Student (circle one)		___ First Year		___ Sophomore		___ Junior		___ Senior		___ Graduate School
School Contact Name			School Contact Title							
School Contact Phone			School Contact Email							
Which semester(s) would you like to complete your internship? (check all that apply)						___ Fall		___ Spring		___ Summer
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 ___ NO										