



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:		
REQUIRED QUESTION				REQUIRED QUESTION						
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 QUESTIONS

Employment Authorization / U.S. Work Eligibility

Are you legally authorized to work in the United States?

Yes

No

Do you have a U.S. Social Security Number (SSN)?

Yes

No

If you answered "No" to the question above, we will need the following if you are accepted for an internship.

Please do not send until requested.

- Employment Authorization Document (EAD)
- Passport (photo identification page)