



# Leadership Training Institute

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## INTERN APPLICATION

DATE: \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_

Last

Middle

First

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

### EDUCATION

Education	Name and Address of School	Year Attended	Date Graduated	Type of Degree or Diploma
High School				
College				
Graduate School				
Other				

**REFERRAL AND SCHOOL INFORMATION**

Who referred you to this internship? \_\_\_\_\_

Name of the school you are attending: \_\_\_\_\_

School contact person's name: \_\_\_\_\_

School contact person's phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CRIMINAL BACKGROUND INFORMATION**

Have you ever been convicted of a crime including any sexual or child abuse/neglect related offense?

Yes  No

Note: Answering "yes" does not automatically exclude you from further consideration.

If "yes", Please explain \_\_\_\_\_

Please indicate the days and times that you are available for internship.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**EMPLOYMENT AND VOLUNTEER EXPERIENCE**

If you are currently employed, please list your current job first.

<b>Month &amp; Year</b>	<b>Name &amp; Address of Employer</b>	<b>Position</b>	<b>Reason for Leaving</b>
<b>From To</b>			
<b>From To</b>			
<b>From To</b>			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_