

PROVIDERS' COUNCIL

Summer Internship Application 2017

Please complete each of the following four sections and return by April 21, 2017 or earlier.
Completed Applications can be emailed to christine@providers.org

Only complete applications will be considered.

A complete application will include all of the following sections:

1. Applicant Information Form
2. Short Essay Question
3. GPA and Writing Sample
4. References and Letter of Recommendation

Section 1: Applicant Information

Name _____

Address _____

Cell Phone _____

Preferred email address _____

Education: (check if completed or fill in number of years attended if applicable and include your area of study)

High school diploma/GED

Associates Degree in _____ (area of study)

Describe what you think your next job will be _____

Which internship are you interested in

Communications Workforce Research

If my first choice is unavailable, I'd like to be considered for the other internship.

Any reasonable accommodations required?

If so, please specify.

Section 2: Short Answers no more than 200 words each

- 1) In your own words, please describe what the human service sector provides for the communities of Boston.
- 2) What role do you see the human service sector playing in the future of Boston and its surrounding neighborhoods?
- 3) What impact do you feel you could have in the human service sector in terms of the public's knowledge and opinion of these agencies through this internship?

Section 3: Grades and Writing Samples

Please attach your most recent transcript or report card; please provide your most recent GPA.

Additionally, please attach a writing sample. This can be an essay from a class, a final project or a personal statement from an application. Please provide the date of completion and context with the piece.

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Section 4: References and Letter of Recommendation

Please provide two to three references that the Providers' Council can contact on your behalf. Make sure to include references name, title, relationship, phone and preferred email address.

Please provide one completed letter of recommendation. This can be provided by one of your listed references.

Reference 1:

Name: _____ Title: _____ Relationship: _____

Years Known: _____ Phone: _____ Preferred Email: _____

Reference 2:

Name: _____ Title: _____ Relationship: _____

Years Known: _____ Phone: _____ Preferred Email: _____

Reference 3:

Name: _____ Title: _____ Relationship: _____

Years Known: _____ Phone: _____ Preferred Email: _____

Acknowledgement of Expectations:

Please review the following statement.

I understand that this is a paid internship through the Providers' Council. I understand that in order to be compensated, I need to meet the standards and expectations set forth by the Providers' Council and this internship. I understand that this internship is for the duration of nine weeks – beginning June 5, 2017 and concluding August 4, 2017. I am expected to be at work no less than three days per week for 24 hours each week, and the compensation for this internship is \$15 per hour. I understand that limited travel may be required, most of which will be on public transportation. I understand that I will need to be timely, respectful and professional – in my appearance and interactions both while in the office and outside of the office. The internship may be terminated by the employer with or without notice and for any reasons deemed suitable to the employer.

Signature

Printed Name

Date

Completed Applications must can be sent via e-mail to:
Public Policy & Communications Associate Christine Batista
christine@providers.org
Please put "Summer Internship" in the subject line