



# Third Millennium Alliance

## INTERNSHIP APPLICATION

### **PERSONAL INFORMATION**

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

Date of Birth: \_\_\_\_\_ Session you are applying for (e.g., "Summer 2013"): \_\_\_\_\_

### **CONTACT INFORMATION**

Mailing Address: \_\_\_\_\_  
Street City

State Zip Country

E-mail Address (*most frequently checked*): \_\_\_\_\_

### **EMERGENCY CONTACT** (in case of an emergency):

Name of Contact: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

### **MEDICAL HISTORY**

Medications / Allergies / Dietary Restrictions:

Significant Medical Conditions (physical/psychological) (optional):

### **LANGUAGE PROFICIENCY**

Indicate how you have learned & use Spanish. Specify number of courses studied, time spent living in another country, etc:

Assess your language ability using a scale from 0-5 (0 being no ability and 5 being fluent).

ABILITY TO	LEVEL	COMMENTS
Understand		
Write		
Read		
Speak		

Where did you hear about this program? \_\_\_\_\_