



Friends of Cabin John Creek

INTERNSHIP INTEREST FORM

This form is intended to help you assess your current interests and skills, identify experience or skills that you would like to develop in an Internship, and determine your availability.

Name: _____ DOB: _____ Date: _____

Tel: _____ Cell: _____ E-mail address: _____

Local address: _____

Emergency contact: _____ Relationship: _____ Tel: _____

School: _____ Address: _____ Tel: _____

Major: _____ Expected graduation date: _____

Reference: _____ Relationship: _____ Tel: _____

Semester you would like the internship: Fall _____ Spring _____ Summer _____

What days/hours are you available? _____

Will you receive credit for your internship? Yes _____ No _____

Do you have your own transportation? Yes _____ No _____

Have you attached your resume? Yes _____ No _____

Work skills you have (field tech, writing ability, etc.): _____

Work skills you would like to acquire: _____

Past/current FoCJC-related activities: _____

FoCJC-related coursework: _____

_ How did you hear about FoCJC? _____

Please indicate your interest(s) in serving as a FoCJC intern:

- Public Education
- Research/Analysis
- Watershed Clean-Up
- Grant Writing/ Fundraising
- Website Development
- Environment Monitoring
- Database Management
- Volunteer Training
- Communications
- Photo/Video Recording
- Watershed History
- Event Planning
- Other _____

Thank you for your interest in Friends of Cabin John Creek.
An FoCJC representative will contact you within one week.