

**Burn Institute Public Relations/Communications
Internship Application**

FIRST AND LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

SCHOOL: _____

COLLEGE MAJOR: _____

GRADUATION DATE: _____

INTERNSHIP START/END DATE: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

DO YOU SPEAK A FOREIGN LANGUAGE: _____

IF SO, WHICH LANGUAGE(S): _____

DO YOU BELONG TO ANY CLUBS OR ORGANIZATIONS: _____

IF SO, PLEASE LIST: _____

HOW DID YOU HEAR ABOUT THIS INTERNSHIP: _____

WHAT ARE YOUR HOBBIES/INTERESTS: _____
