



YMCA of Greater Indianapolis
 615 N. Alabama St., Indianapolis, Indiana 46204
Internship Application-2010

Name _____ Phone # _____ E-mail _____

Permanent Address _____

Name of University/School _____ Classification: Junior or Senior (circle one)

Advisor _____ E-mail Address _____ Phone # _____

Major Field of Study _____ Minor or Related Field _____

Hours needed for Internship _____ Will receive academic credit? Yes or No (circle one)

Will you ONLY consider a PAID internship? Yes or No (circle one)

Date I prefer to begin the Internship _____ Date I prefer to end _____

Please specify which YMCA Branch (of Greater Indianapolis) you would prefer to do your internship: _____ *refer to website for Branch locations at www.indymca.org

Please rank internship (area) preferences (1-5):

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Community Development | <input type="checkbox"/> Recreation/Sports | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Financial Development | <input type="checkbox"/> Family Programming | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Business/Accounting | <input type="checkbox"/> Youth/Teen Development | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Information Tech. | <input type="checkbox"/> Member Services/Marketing | <input type="checkbox"/> Wellness/Fitness | |

My goals for this internship experience are:

Special skills I have:

Please provide two references (professional or academic):

Name	Relationship	Contact Information

How did you learn about this internship possibility? _____

Have you ever been convicted of a crime? yes no If yes, please explain:

Date of conviction _____ Name & location of the court _____

Nature of the offense _____ Sentence/fine imposed on you _____

Additional Comments:

I agree that if I receive an offer for internship/employment, I will abide by and conform to all policies and regulations of the YMCA now in effect and or hereafter established. I understand that any such policies can be revised or terminated by the YCMA at any time at its sole discretion. I also understand that misrepresentation or omission of information requested in this application, related documents or oral interviews may subject me to immediate dismissal.

It is my understanding that the YMCA will make a thorough investigation of my work and personal history and may verify all data given by me in connect with my application for internship/employment. I authorize such investigation and the giving of any information requested by the YMCA and I release from liability any person or entity giving or receiving any such information. I acknowledge that no written or oral statement or promises have been made to or relied upon by me regarding the length of my internship/employment or the reasons it can be terminated.

Applicant's Signature _____

Date _____