

95 N. Marengo Ave., Suite 100 Pasadena, CA 91101 626.585.8075 www.InstituteForGirlsDevelopment.com

LEADERSHIP INTERN APPLICATION

2018-19 Volunteer Opportunity

NAME:	DA	ATE:
	CONTACT INFORMATION	
Home Address:		:
Home Phone:		·
E-mail:		
	EDUCATION	
School:	Year(s) in Attendance:	
Major:	Degree:	
Graduation Date (completed or anticipated):		GPA:
	EDUCATION	
School:	Year(s) in Attendance:	
Major:	Degree:	
Graduation Date (completed or anticipated):		GPA:

WORK HISTORY
Please complete this section or attach resume.
Employer:
Dates of Employment:
Job Title:
Duties:
Employer:
Dates of Employment:
Job Title:
Duties:
Employer:
Dates of Employment:
Job Title:
Duties:

AVAILABILITY
Please select all programs for which you would like to volunteer.
Friendship Rally Workshops: Jun. 1 3pm – 6:30pm Other 2018-19 School Year Dates Still Being Confirmed
Summer Workshops * Jun. 25 – Jun. 29 11am to 5pm daily Or a portion of those days/ time: Jul. 23 – Jun. 27 11am to 5pm daily Or a portion of those days/time:
Available to provide administrative support for the clinical team Available to assist with Community Outreach programs (bringing materials to school counselors, etc.) We may have additional opportunities available during the year. Please note if interested and include dates of availability.

^{*}Must be able to commit to these dates in the summer. There is the potential opportunity to continue on as a Leadership Intern during the academic year.

TELL US ABOUT YOUR INTERESTS

Why are you interested in applying for a Leadership Intern position at the Institute for Girls' Development?
What qualities make you a good candidate for this position?
Describe any experience(s) you have had working with children ages 7-18.
What do you hope to gain from this Leadership Intern opportunity?

Name: Title: Organization: Phone: E-mail: Address: Name: Title: Organization: Phone: E-mail: Address:	Title: Organization: Phone: E-mail: Address: Name: Title: Organization: Phone: E-mail: Address: Name: Title: Organization: Phone: E-mail: Address:		REFERENCES
Title: Organization: Phone: E-mail: Address: Name: Title: Organization: Phone: E-mail: Address: Name: Title: Organization: Phone: E-mail: Address:	Title: Organization: Phone: E-mail: Address: Name: Title: Organization: Phone: E-mail: Address: Name: Title: Organization: Phone: E-mail: Address:	Please list three references or attach a list of references with contact information.	
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Phone:	Phone: E-mail:	Title:	
	Address:	Phone: E-mail:	
Audiess.		Address:	
		Name, signate	ure. date

Please complete and email to Paige Hobey at phobey@IFGD.care

Pronoun: _____