



## Internship Application Form

*Evergreen Council on Problem Gambling (ECPG)* is a nonprofit organization located in Olympia. Our mission is to increase public awareness of problem gambling, expand the availability of services for problem gamblers and their families, and encourage research and programs for prevention and education.

In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Please submit your materials to [ksansom@evergreencpg.org](mailto:ksansom@evergreencpg.org)

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

Permanent Address and Telephone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Name, Address, and Telephone:

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Are you legally eligible to work in the US? \_\_\_\_\_

If you are not a US Citizen, are there any restrictions on your eligibility for employment? \_\_\_\_\_

Are you requesting that your college grant you credit hours for your internship? \_\_\_\_\_

Dates available to perform internship: \_\_\_\_\_

List foreign languages and your proficiency in each (fluent, reading, speaking, writing, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education:**

<u>Type of School:</u>	<u>Name and Location:</u>	<u>Degree/Date:</u>	<u>Major:</u>
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Licenses: \_\_\_\_\_  
\_\_\_\_\_

**Employment History** (Includes paid, volunteer, and intern positions)

Most Recent Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor (Name & Title): \_\_\_\_\_

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_

Publications and Articles: \_\_\_\_\_

\_\_\_\_\_

Community/professional organizations, honors and awards: \_\_\_\_\_

\_\_\_\_\_

Activities relevant to the internship(s) for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to work as an intern at ECPG? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_