



WXPn Unpaid Internship Application

**RETURN TO: Student Coordinator, WXPn, 3025 Walnut St, Philadelphia, PA, 19104 * fax: 215-573-2152
volunteers@xpn.org**

Name _____ Date _____

Contact Information

Email Address _____ Home Phone _____

Permanent Address _____ Cell Phone _____

Temporary/Address @ School _____

Emergency Contact _____ Em. Contact Work Phone _____

Relationship to you _____ Em. Contact Cell Phone _____

School Name _____ Major _____ Exp. Grad Date _____

How did you hear about the WXPn unpaid Internship Program?

Newspaper Ad ____ Web Site ____ Flyer ____ Friend ____ Teacher ____ Other _____

Position Desired (in order of preference)

1. _____

2. _____

3. _____

What are your available start *and* end dates? _____

Can you make a commitment through the school year? ____ If no, when do you need to quit? _____

What days and hour are you available to work? _____

Would you need time off for vacations? _____ If yes, what are the dates? _____

Have you applied for an XPN internship before? ____ Have you ever worked at XPN? _____

If needed, please use a separate piece of paper to complete your answers.

What other internships are you seeking this year (other than at XPN)? _____

Why would you choose an internship at XPN over another offer? _____

What were your favorite courses and why? _____

What types of extra curricular activities do you participate in? _____

If you are seeking credit for your internship, what are the parameters/goals/purpose of you need to meet and why are you interested in fulfilling them at WXPN? _____

What are your talents, interests and experiences which make you a good candidate for this position?

What computer programs and systems are you familiar with? _____

Please list your work experience – both paid and volunteer work – include dates: _____

What do you expect to gain from an internship at WXPN? _____

CONSENT

I understand that I am applying for an UNPAID position working under the supervision of a WXPN employee.

SIGNATURE _____ DATE _____