## **SHARE! Intern Program Application**

Thank you for your interest in the SHARE! Intern Program! Please complete the application form below. If you have any questions, feel free to contact us at intern@shareselfhelp.org or 310-305-8878 EXT. 120.

Applicant Information			
Full Name:			
Preferred Pronouns:			
Email Address:			
Phone Number:			
Address:			
City:	State:	ZIP Code:	
Educational Backgroun	d		
School/University:			
Degree Program:			
Graduation Date (or exp	oected):		
Internship Preferences			
Please select the positio	n(s) you are apply	ying for (check all that apply):	
<ul><li>Housing Placeme</li></ul>			
☐ Mental Health Pro			
SHARE! Zine Inter	П		

	Event Coordination Intern					
	Administration Intern					
	Peer Support Specialist Intern					
	Volunteer-to-Job Program Intern					
Prefer	red Start Date:					
Availa	bility (Days and Times):					
Work/	Volunteer Experience					
Have y	you worked or volunteered in a nonprofit, peer support, or social service setting e?					
	Yes No					
	NO .					
If yes,	please describe your role and responsibilities:					
Skills	and Interests					
What	skills or experiences do you bring to this internship?					
What do you hope to gain from this internship?						

References
Please provide the contact information for one professional or academic reference.
Name:
Relationship:
Email:
Phone Number:
Resume and Cover Letter
Please attach the following documents to your application:
Resume
<ul> <li>Cover Letter (outlining your interest in the SHARE! Intern Program and your preferred role)</li> </ul>
Acknowledgment
By signing below, I confirm that the information provided in this application is true and accurate.
Signature:
Data

Submit your completed application along with your resume and cover letter to [email address or submission link].

We look forward to reviewing your application!