

Women's Alliance for Theology, Ethics, and Ritual

$WATER\ Internship\ Application$

Check List:			
☐ Signed the Internsh☐ Requested two lette	s on the Intern Application form ip Agreement. rs of recommendation to be sen the entire package for my recor	nt to WATER.	
1. Personal Data			
	Last		
Address:	City	State	Zip
Phone:	Email:		
Permanent Address	:		
Permanent Phone:			
Please list the dates for whi	ch you are considering an inte	rnship (6 weeks minin	ıum):
Please list all office and/or	computer skills you have:		
Languages spoken (indicate	e proficiency level):		
Other skills you would like	to mention:		
Please list extra curricular a	and community activities in the	e space below	

2. Work Experience List all work experiences, beginning with the most recent. Attach additional sheets if needed. 1) Dates of Employment: _____ to ____ Title/Duties:_____ Telephone Number: 2) Dates of Employment: _____ to ____ Employer: Title/Duties: Telephone Number: 3) Dates of Employment: _____ to ____ Title/Duties: Address: Telephone Number: 3. Institutional Information (if applicable) College/University: Major:

Academic Credit Arrangements

Please list the credits you will be receiving from your institution for your internship and describe the evaluation WATER is required to complete for your institution.

Faculty Advisor:

Phone: _____ Email: _____

Faculty Advisor Agreement (if applicable):

I endorse this student's candidacy for an internship at WATER. I acknowledge that I am the Faculty Advisor for this student for the duration of this program and that I will receive all evaluations for this student.

Name:		
Address:		
Phone:	ne:Email:	
Signature:	Date:	
4. Essay		
Please include a typewritten essay		
1) Your background and related ex 2) Your overall personal goals for t wish to work while at WATER.	perience the internship, including any issues or concerns on which you	
Please limit your essay to two dou	ble-spaced type-written pages.	
5. Emergency Information		
Emergency Contact Person:		
Name:		
Address:		
Phone: (<i>Day</i>)	(Night)	
Fax: E	mail:	
6. Internship Agreement		
WATER, will not be returned or tr	Application, plus all supporting materials submitted to ransferred to other institutions or potential employers. I ded is complete and accurate. I understand that housing, expenses will be my responsibility.	
Signature:	Date:	

Please submit all application materials to:

Women's Alliance for Theology, Ethics and Ritual ATTN: Internship Program 8121 Georgia Avenue, Suite 310 Silver Spring, MD 20910-4933 USA Fax: 301-589-3150; water@hers.com