**YMCA of CALLAWAY COUNTY**

**INTERNSHIP PROGRAM APPLICATION**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name: Please Print or Type |  Telephone No.( ) |
| Current Residence: Street Number and Name, City, State, Zip Code |
| Email Address:  |

**INTERNSHIP APPLYING FOR**

|  |
| --- |
| Please indicate the area of focus you would like to be considered for your internship: Sport Management Event Planning  Marketing  Fitness Center  Youth Sports Coaching  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Applying for:  Fall Term (September-December) Spring Term (January – April)  Summer Term  |
| Receiving College Credit?  No Yes, How many hours do you need to fulfill? \_\_\_\_\_\_\_\_\_ Which school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Bottom of Form