**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