



Commonwealth of Massachusetts – Emergency Management
Student Internship Application

Name: _____ Date: _____

Internship Posting Title: _____

Application Submitted By: (circle one) Student College/University Official

Present Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Emergency Contact: _____

College/University: _____

Year of Graduation: _____ Current Major: _____

Please list any other languages you speak: _____

The completion of this data record is optional. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any internship decision.

Circle One: Male Female Intersex

Circle Any that Apply: White Black Hispanic Asian/Pacific Islander
Native American (American Indian or Alaskan Native)
Disabled/Handicapped (Accommodation Needed _____)
Other: _____

What Internship Period are you applying for:

Semester beginning Fall 20 _____

Semester beginning Spring 20 _____

Semester beginning Summer 20 _____

Is there a specific date you need to commence your Internship? (if yes, please list date) _____

Are you available for: Part-time Full-time Both

What skills do you hope to learn through this internship opportunity (add attachments if necessary)?

Please tell us why you are a good candidate for the Massachusetts Emergency Management Internship Program. (add attachments if necessary)

How does your educational/academic program complement the internship you are seeking (add attachments if necessary)?

Have you ever applied for a position with or been employed by MEMA or any other Emergency Management Agencies? _____ Yes _____ No

If Yes, when? _____ where? _____ Supervisor _____

Please tell us about your employment history and give an example of your most successful experience (add attachments if necessary)?

Have you ever been dismissed from a job/school of higher learning? (if yes, please explain)

To be completed by Intern:

Statement: I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application is grounds for removal from the Internship Program:

Date

Signature

To be completed by College/University Official:

Statement: I certify that _____ in good standing at: _____
Student's name College/University

Date: _____

Signature of College/University Official: _____

** Please bring this form to the Registrar's office for signature only