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