



Resource Center

Intern Application

Name: _____

Address: _____

Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Education:

School	Area of Study	Degree	Dates Attended

Relevant Work Experience:

Employer/Volunteer Agency	Position	Tasks/Projects	Dates of Involvement

Why do you want to intern with Glen Ellyn Children's Resource Center? What skills do you want to come away with? Is there an area you'd like to specialize in?

Are there special talents, skills, and strengths that you would bring to GECRC?

What is your availability? When can you start? When would you have to leave us?

Summer Program Dates and Times June 12-July 28

One meeting week of June 5 (date and time to be determined)

Tuesday- Thursday 8 am-12:00/12:30

Planning time to be done when it is convenient for you

Thursday Meetings 12-12:30 on

Are you comfortable managing up to 20 students at one time?

Are you comfortable working within a team? Why?

Do you have the energy and leadership skills to command a classroom?

Are you confident in your ability to engage and encourage children? Please give an example.

Would you consider yourself a self-initiator? Please give an example.

Are you comfortable taking directions from others? If not, why?

Do you have experience working with children from different cultures? Please give an example.

What are your three greatest strengths?

What are three things you need to work on?

Please list two to three references:

Name: _____ Phone #: _____

Relationship: _____ Years Known: _____

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Relationship: _____ Years Known: _____