



Friends of *Peace Valley Nature Center*

170 Chapman Road

Doylestown, PA 18901

Phone 215.348.7860 Fax 215.345.4529

E-mail: ghill@co.bucks.pa.us

APPLICATION FOR INTERNSHIP

Date _____ Social Security Number _____

Name _____ Nickname _____

Current Address _____
Street address / Apt. # City / Town

State Zip E-mail _____

Phone _____ I can be reached at this number from ___ am to ___ pm

Starting (date) _____

Permanent Address _____
Street address / Apt. # City/ Town

State Zip E-mail _____

Phone _____ I can be reached at this number from ___ am to ___ pm

Starting (date) _____

Term Available:

Spring 20__
10 to 12 weeks starting late March (application must be received by February 2)

Summer 20__
10 to 12 weeks starting mid-June (application must be received by April 21)

Fall 20__
10 to 12 weeks starting mid-September (application must be received by July 28)

Are you pursuing college credit for this internship? YES NO

A personal interview is recommended. Are you available? _____

If no, are you available for a telephone interview?

 YES NO

Career Goal: _____

Education: _____

Work Experience: _____

Special Interests and Talents: _____

List name, address and phone number of two references:

1. _____

2. _____

Please write a paragraph to answer the following:

What benefit do you expect for yourself and the Nature Center as a result of this experience?