



FRIENDS COMMITTEE ON NATIONAL LEGISLATION

245 Second Street, NE • Washington, DC 20002-5795 • 202/547-6000 •
Fax 202/547-6019
www.fcnl.org

INTERN APPLICATION FORM *(please type or print legibly)*

Date _____

Name:

Nickname:

Present Address:

Daytime Phone:

Evening Phone:

E-mail Address (please let us know if you don't have email):

Permanent Address:

Daytime Phone:

Evening Phone:

1. Would you be available to work from this August or September through July? If not, please explain.
2. Which FCNL programs are you interested in (e.g. specific issues, communications, constituent outreach)?
3. What previous contact have you had with FCNL or other Society of Friends (Quaker) organizations and their activities?
4. State any other experience you have had with groups in the field of political and social action, peace and justice education, community organizing, volunteer community service, and lobbying.

EDUCATION

5. High School

Name	Location	Year Graduated

6. College/University

Name of Institution	Location (city, state)	Dates of Attendance (from mo/yr to mo/yr)	Type of Degree and Date (mo/yr)	Major	Minor

7. Other post-secondary education or training

Name of Institution	Location (city, state)	Dates of Attendance (from mo/yr to mo/yr)	Type of Degree and Date (mo/yr)	Program of Study

For each institution listed in questions 6 and 7, **please request that an official transcript be sent to FCNL.**

8. Awards, honors, professional or honorary societies/associations.

9. If your education has not been continuous (other than summer/semester breaks), please describe how you

have spent your time when not in school. *{please use a separate page, if necessary}*

10. Please describe how you have spent your blocks of time away from school or after finishing school (summers, a year off, alternate to college).

11. Please list any relevant work or volunteer experience you have had. Please include name of organization, duties and responsibilities, and dates of involvement.

12. Please describe your familiarity with electronic communications (e.g. e-mail, Internet) including specific software (word processing, other) that you have used.

BACKGROUND

13. Please explain the following: *{Please use a separate page and limit your entire response for this section to a maximum of 500 words.}*

- why you would like to work with FCNL;
- what you hope or expect to gain from the internship experience;
- how the internship experience relates to any long-range plans you may have;
- any special skills or strengths which you feel you would bring to FCNL.

Essays

14. Very concisely, describe an injustice that you are motivated to change or discuss a situation about which you feel passionately. *{Please use a separate page and limit your entire response for this section to a maximum of 200 words.}*

REFERENCES

15. List four references who are not members of your family. Include, for instance, professors or instructors, job supervisors, coaches, club sponsors, community leaders or elected officials who you know, religious leaders, Quaker meeting clerks or personal references such as a friend. For each, list her/his name, address, telephone number, and relationship to you. You should send an FCNL reference form to all four references. Tell each of them to return their recommendation form DIRECTLY to our office. We must RECEIVE their recommendation by March 9, 2010. The form must be filled out by your reference; a letter can be attached to the form and is quite helpful.

1)

2)

3)

4)

Do you have any reservations about our communicating with any of these references? *If so, please specify.*

FCNL is an equal opportunity employer.

All application materials, including references, must be received at the FCNL office by March 9, 2010. Please send your application materials to Ruth Flower, FCNL, 245 2nd St. NE, Washington, DC 20002 or by email to flower@fcnl.org.

For Office Use Only

Form Received: _____

Notification Sent: _____



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Intern Evaluation Form

CONFIDENTIAL

(please return directly to address above by March 9, 2010)

Name of Applicant: _____ Name of Reference: _____ Date: _____

The above named person has applied for a position with our organization. We would appreciate your help in evaluating this applicant by giving us your assessment of the following characteristics. Leave blank those characteristics which you feel do not apply or on which you have no opinion. **Please use the reverse side — or attach additional pages — for clarification or to add other observations.** Thank you.

CHARACTERISTICS

	Excellent	Good	Average	Needs Improvement
Compatibility in working with others				
Tact				
Maturity in assuming personal responsibilities				
Ability to work as a member of a team				
Punctuality in meeting deadlines				
Reliability in performing assigned duties				
Ability to plan work systematically				
Efficiency in the use of time and resources				
Resourcefulness				
Ability to communicate clearly in writing				
Ability to communicate clearly orally				

General observations (use reverse side if necessary):

How long have you known the applicant?

In what capacity?

Evaluation by:

Address:

Phone Number:



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