2015 Internship Program

Applicant Information

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle Initial*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State/Zip*

During the time of the internship, will you live in the metro Atlanta area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Circle One)* Cell Home Other

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special conditions of which the Georgia Chamber of Commerce should be aware in order for you to participate fully in our Internship Program? *Use a separate sheet if necessary*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability *(Indicate preference for start and end dates, and days/hours to work)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Information

College or University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G.P.A.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Coursework: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During Fall 2015, will you be taking classes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Credit: Yes No *(Circle One)*

Please indicate your college standing at the start of the internship program:

\_\_\_\_ Rising Junior \_\_\_\_Rising Senior \_\_\_\_ Recent Graduate   
 \_\_\_\_ Graduate Student, year\_\_\_\_\_

Additional Information *(If needed)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Focus & Application Instructions

If you are interested in being considered for multiple internships, please indicate your first, second and third internship choices. Every attempt will be made to place you in the area that you most prefer and for which you are most qualified.   
  
Please only list positions that are offered at the time of your Internship. All available positions will be listed on the Georgia Chamber career webpage at www.gachamber.com/Careers.

First Choice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Choice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Choice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application materials vary by position. Please consult the internship position description for information on supplemental materials that must be submitted with your application. Required materials include, but are not limited to:

* Completed application
* Resume and cover letter
* A reference. If your reference is being sent separately, please indicate who will be sending it:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* A writing sample or portfolio (Check description for more information)

Compile your application materials into a **single PDF file named “Your Last Name, Your First Name, Internship Position Name, Fall 2015”** and send to [internships@gachamber.com](mailto:internships@gachamber.com).

You may also send your application by mail to:   
Georgia Chamber of Commerce  
 Attn: Internships  
270 Peachtree Street, Suite 2200  
Atlanta, GA 30303

You will receive a confirmation email when your complete application package has been received. Only complete applications, submitted following the instructions above, will be considered.

**Emergency Contact Information**

Person we should contact in case of emergency:  
  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Internship Release, Indemnity & Publicity Consent Agreement**

*In conjunction with my application for acceptance into the Georgia Chamber of Commerce Internship Program, I declare that I am a college student or recent graduate, 18 years of age or older and meet the internship eligibility requirements. For and in consideration of being accepted into the Internship Program, I release and hold harmless the Georgia Chamber of Commerce, from any and all personal injury and property damage which may result from my participation in any activity related to the Internship Program other than claims arising from the gross negligence or willful misconduct of the Georgia Chamber of Commerce.*

*I understand and agree that the Internship Program is designed primarily for the educational purpose of providing college students with practical experience related to their academic studies and in no way creates an employment relationship between the Georgia Chamber of Commerce and myself. In addition, I understand and agree that I will be eligible for course credit for my participation in the Internship Program based on the standards set forth by my educational institution and that the Georgia Chamber of Commerce may not otherwise compensate me.*

*I hereby consent to the use by the Georgia Chamber of Commerce of my name, voice, likeness for promotional, advertising, marketing and other purposes without consideration. I represent and agree that I have carefully read, fully understand all of the provisions of this agreement and that I am knowingly and voluntarily enter into this agreement.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE FORM**

**Applicants:** Please complete this portion of the form, give it to an individual who knows you well, but is not a relative. Your reference should return this form to you to include with this application or they may send it directly to the Georgia Chamber. Letters of recommendations are accepted in lieu of this form.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed By Reference**

Reference Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your opinion, how well does the applicant qualify in the following areas? (Please Circle)

* Intellectual curiosity *Below Average Average Good Very Good Excellent*
* Self motivation *Below Average Average Good Very Good Excellent*
* Ability to work in a team *Below Average Average Good Very Good Excellent*
* Professionalism *Below Average Average Good Very Good Excellent*
* Attention to detail *Below Average Average Good Very Good Excellent*
* Potential for growth *Below Average Average Good Very Good Excellent*

Additional Comments?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reference Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return by email to Internships@gachamber.com or by mail to Georgia Chamber of Commerce, Attn: Internship Coordinator, 270 Peachtree Street, Suite 2200, Atlanta, GA 30303