

Emma Goldman Clinic
227 N. Dubuque Street
Iowa City, Iowa 52245
319-337-2112

STUDENT PRACTICUM/INTERNSHIP APPLICATION

Name _____ Telephone (day) _____
Address _____ (evening) _____
_____ Email _____

Date of application _____
Have you previously submitted a volunteer OR work application? _____
How did you hear about the us? _____

BACKGROUND

Education _____

Work Experience _____

Other Volunteer Activities _____

Special Interests _____

In which of the following areas do you have experience and/or interest?

	Experience	Interest
Medical/Health skills	_____	_____
Library/Archives	_____	_____
Graphic Skills/Photography	_____	_____
Computers	_____	_____
Fundraising/Development	_____	_____
Writing/Newsletter production	_____	_____
Political Interests	_____	_____
Counseling/Education	_____	_____

What are you most interested in gaining from an internship experience at the clinic? _____

For most of our direct service positions, we ask for a 1-year time commitment. If this is not possible for you, you are able to participate in a variety of Clinic activities, which require less training and, therefore require a lesser time commitment.

Can you make a one-year time commitment? YES NO

Do you have special days, evenings, or times that you are available?



What course, department or college is your practicum/internship with? _____

Is this practicum for the semester or year? (please circle)

How many total hours are required? _____ Weekly hours? _____

REFERENCES

Please include three names, their addresses and phone numbers:

STATE BRIEFLY

The Emma Goldman Clinic offers a variety of health services and educational programs. We provide first and second trimester abortions. Please share your perspectives on a woman's right to a legal abortion.

CONFIDENTIALITY

Because of the nature of our work, it is very important that our staff agree to abide by rules of confidentiality. If you agree to do so, please sign below.

Signature

Date

Thank you for your interest in contributing time and skills to the Clinic. By matching skills, interest and time commitment to the needs of the Clinic, we hope to make your volunteer experience fulfilling. **If you have questions, please contact Francine Thompson at (319) 337-2112.** Otherwise, we will talk with you soon about volunteer opportunities.

For office use only:

Application recv'd	_____	Intl	_____
Phone contact	_____	Intl	_____
Interview	_____	Intl	_____
Start Date	_____	Intl	_____