"For our Youth, For our Future"

College of Staten Island Liberty Partnerships Program

Intern Application Checklist

Please find attached the Intern forms and information needed for all new applicants:

___ Internship Application Form

___ 3 Evaluations – Signed

___ 3 Letters of References Required (Letters from your Professor(s) is acceptable

___ Class Schedule

___ Official Transcript

___ Resume

This section is for OFFICE USE ONLY

Deadline: _____

Interviewed: _____

Received: _____

City University of New York

College of Staten Island

Liberty Partnerships Program

Internships Application Form

Please print/write all information on this form clearly

Last name (Please Print) First name Middle Initial

Female [ ] Male [ ]

Ethnicity (Optional)

Black [ ] Hispanic [ ] White [ ] Other [ ]

Home Address: _____

_____

Home Phone: _____ email: _____

Cell Phone: _____

Work Phone: _____

Do you speak any other languages other then English? Yes [ ] No [ ]

If yes, what language(s) do you speak: _____

Please check your current level at CSI: Junior [ ] Senior [ ] Graduate Student [ ]

EMPLOYMENT HISTORY

(Attach additional sheets if necessary)

Dates	Employer	Duties

EDUCATIONAL HISTORY

H. S. Graduated: _____ Year: _____ Diploma Type: _____

Colleges Attended	Graduation Date	Type of Degree

Describe in detail any previous experience with youth: _____
_____
_____
_____
_____

In what extracurricular activities have you participated in high school or college? _____
_____
_____
_____
_____

What are your interests or hobbies? _____
_____
_____
_____
_____

In your opinion, what do we need to do to keep adolescents in school until they graduate?
_____
_____
_____
_____

Do you have any community or volunteer service/experience? Yes [ ] No [ ]

If yes please provide a brief description: _____
_____
_____

What are your career goals? _____
_____
_____

Ask 3 people such as supervisors or Professors to provide references on the attached sheets along with letters of recommendation.

Please return application by _____to **Ms. Shawn Denise Landry, MPA, MSW, Director, Liberty Partnerships Program, Building 2A, Room 204, College of Staten Island, 2800 Victory Boulevard, Staten Island, New York 10314, telephone 718-982-2352.**

College of Staten Island
Liberty Partnerships Program
718-982-2352 / 2A -204

To: _____ Date: _____

Address: _____ Telephone: _____
_____
_____
_____

_____ has requested a reference for his/her application to assist teachers/counselors of disadvantaged students in local high school or intermediate schools.

Please evaluate this candidate on each of the criteria listed below. This sheet and your letter of recommendation will be helpful to the selection committee in evaluations. Return the completed evaluation and the letter at your earliest convenience, directly to the following: **Ms. Shawn Denise Landry, Director-Liberty Partnerships Program, Building 2A, Room 204, College of Staten Island, 2800 Victory Boulevard, Staten Island, New York 10314, telephone 718-982-2352.**

	Cannot Evaluate	Low		Average		High
Commitment to education advancement of Disadvantaged students.	0	1	2	3	4	5
Ability to communicate with disadvantaged students.	0	1	2	3	4	5
Ability to work with professional educators.	0	1	2	3	4	5
Ability to work with disadvantaged parents.	0	1	2	3	4	5
Personal ability.	0	1	2	3	4	5
Personal integrity.	0	1	2	3	4	5
Intent to pursue a career in teaching/counseling.	0	1	2	3	4	5
Adaptability.	0	1	2	3	4	5
Academic ability.	0	1	2	3	4	5
Ability to work as part of a team.	0	1	2	3	4	5
Ability to complete assignments in timely manner.	0	1	2	3	4	5

In what capacity do you know this person? _____
_____

For how long? _____

Signature: _____ Date: _____

College of Staten Island

Liberty Partnerships Program
718-982-2352 / 2A -204

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Ability to work with disadvantaged parents.	0	1	2	3	4	5
Personal disability.	0	1	2	3	4	5
Personal integrity.	0	1	2	3	4	5
Intent to pursue a career in teaching/counseling.	0	1	2	3	4	5
Adaptability.	0	1	2	3	4	5
Academic ability.	0	1	2	3	4	5
Ability to work as part of a team.	0	1	2	3	4	5
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In what capacity do you know this person? _____
_____

For how long? _____

Signature: _____ Date: _____

TIME	MONDAY M	TUESDAY T	WEDNESDAY WED	THURSDAY TH	FRIDAY F	SATURDAY SAT	SUNDAY SUN
8:00 8:50							
9:05 9:55							
10:10 11:00							
11:15 12:05							
12:20 1:10							
1:25 2:15							
2:30 3:20							
3:35 4:25							
4:40 5:30							
5:30 6:20							

Student: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____