

Lakota Youth Development

INTERN APPLICATION

Name _____ Date _____

Address _____

City _____

Phone _____

Email address _____

I request the following hours to fulfill my accredited internship:

When can you start? _____

Are you bilingual? _____ if so what languages? _____

Date of Birth _____

Person to Notify in Case of Emergency _____

Physical Limitations _____

Special Skills or Talents _____

What university are you enrolled in? _____

IF not associated with a university, why are you wanting to be an intern with

LYD? _____

LYD offers paid internships as funds allow. Are you interested in only paid

internships? ___ yes ___no

Signed and dated by applicant:
