



**Connecticut Women's  
Education and Legal Fund  
Intern Information Form**

**Name:**

**Address:**

**Phone (day/night):**

**Email:**

**College/ University:**

**Degree Program:**

**Academic Advisor:**

**Advisor's Phone:**

**Areas of Interest/Concentration:**

**Hours you are available:**

**No. of hours per week:**

**When would you like to start your internship? End Date?**

**Are you Bilingual?**  Yes  No **Language(s):**

**How did you hear about this internship?**

**Activities at CWEALF you would like to work on:**

- Development/Fundraising
- Legal Education Program
- Public Policy & Advocacy Program
- Research & Evaluation
- Press and Public Relations/Outreach
- Event Planning

**Why are you interested in interning at CWEALF?**

**What do you hope to gain from an internship with CWEALF?**

**Please list the skills and experiences you can bring to CWEALF.**

**Please Return to:** Denise Rhone, Legal Education & Outreach Coordinator (drhone@cwealf.org)

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