



**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):** _____

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.