

UCSF AIDS HEALTH PROJECT **INTERN APPLICATION**



Please complete the following application.

Submit via email (preferred) to: stephen.scott@ucsf.edu

or by mail to: Stephen Scott, UCSF AIDS Health Project, Box 0884, San Francisco, CA 94143-0884.

Deadline: March 1st, of the internship year. Please note: All internships are for a period of one year.

Name		Email Address	
Present Address			
City	State	Zip	Phone
Permanent Address (if different)			
City	State	Zip	Phone
Name of Current Employer		Dates of Employment	
Job Duties			
Name of Previous Employer		Dates of Employment	
Job Duties			
Name of School From Which You Will Graduate		Academic Level	
Major		Minor	
Where did you hear about this internship?			
Demographic Questions (optional)			
Gender	Birthdate	Ethnicity/Race	Sexual Orientation

Please check your skills:

- | | | |
|--|---|---|
| <input type="checkbox"/> Reception/ Customer Service | <input type="checkbox"/> Professional Proofreading | <input type="checkbox"/> Fundraising/ Grantwriting |
| <input type="checkbox"/> Computer Operating Systems
<input type="checkbox"/> Windows <input type="checkbox"/> Mac | <input type="checkbox"/> Public Health Outreach
<i>Specify</i> _____ | <input type="checkbox"/> Multilingual—
<i>Specify language(s) other than English:</i>
_____ |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Working with at-risk populations
<i>Specify</i> _____ | _____ |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Professional Social Media | _____ |
| <input type="checkbox"/> Human Subjects Research | | _____ |

Please rank your first, second and third choice of internship opportunities:

	1 st	2 nd	3 rd
HIV Counseling and Testing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list specific software proficiencies below:

Short Answer Questions:

1. Why do you want to participate in the AHP Post-Baccalaureate Internship Program?

2. How will the internship aid you in accomplishing your future goals?

Please copy and paste your cover letter below.

Please copy and paste your resume below.