



IN DEFENSE OF ANIMALS

Applicant Information

Last Name:	First:	Date:
Street Address:		Apt/Unit:
City:	State:	Zip:
Phone:	Cell Phone:	
Email address:		
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Availability

Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 9-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Areas of Interest

Please indicate which area interests you:

<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Development/ Fundraising	<input type="checkbox"/> Investigation	<input type="checkbox"/> PR/ Marketing	<input type="checkbox"/> Social Media Support
<input type="checkbox"/> Animal Abuse Monitoring	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Outreach/ Tabling	<input type="checkbox"/> Research	<input type="checkbox"/> Writing
<input type="checkbox"/> Audio/ Visual Support	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Other, please explain:		

Experience/Education and Skills

Current or most recent employer? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Address and telephone number:	
Position held and dates of employment:	
Contact person: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level of college completion: <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

Personal Information
Why are you interested in an internship in our organization?
How did you hear about our internship program?
What specific experience would you like to gain through this internship?
Describe your long-term career goals:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain, so that we may take the circumstances into account.

Professional References	
Name:	Relationship and contact info (e-mail and/or phone number):

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date:

Please return completed form to: www.idausa.org/about/intern

In Defense of Animals, 3010 Kerner Blvd., San Rafael, CA 94901

Phone: (415) 448-0048

Fax: (415) 454-1031