

Kristen Kitson
YOUTH BUREAU MANAGER



COUNTY OF SULLIVAN
YOUTH BUREAU
SULLIVAN COUNTY
GOVERNMENT CENTER
100 NORTH STREET
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MONTICELLO, NY 12701

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EXT 0394, 0396
FAX (845) 807-0260



SULLIVAN COUNTY INTERNSHIP APPLICATION

Today's Date: _____

Name: _____ Gender Identity: _____ Racial/Ethnic Background _____
(First) (MI) (Last)

Address: _____
(Street Name or P.O. Box)

City: _____ State: _____ Zip: _____

Phone: _____ Other Contact Phone: _____

Email: _____

Parent/ Guardian Name: _____ Phone: _____

School Name: _____ Grade: _____ GPA: _____

Date of Graduation: _____

WORK/VOLUNTEER EXPERIENCE

Have you worked or volunteered before? YES NO If yes please fill out below.

Company Name: _____

Address: _____

Position: _____ Date Worked: From _____ To _____

Reason For Leaving: _____

Company Name: _____

Address: _____

Position: _____ Date Worked: From _____ To _____

Reason for leaving: _____



SKILLS

Do you speak/write and/or understand another language? YES NO

If yes, what languages do you speak/write and/or understand? _____

Computer WPM _____ Excel Word Google DOC PowerPoint Other _____

Licenses or Certifications _____
(Ex; First aid, CPR, OSHA, Security)

Any Accommodations: YES NO If yes, please explain

Any other information you would like to add: _____

Things you like to do? (Please check all that applies)

- | | |
|---|--|
| <input type="checkbox"/> Working with my hands | <input type="checkbox"/> Working with machines and tools |
| <input type="checkbox"/> Building and fixing things | <input type="checkbox"/> Studying math or science |
| <input type="checkbox"/> Solving problems and puzzles | <input type="checkbox"/> Working with computers |
| <input type="checkbox"/> Singing, acting, dancing, or playing music | <input type="checkbox"/> Being creative (writing, art, etc.) |
| <input type="checkbox"/> Speaking or performing in front of others | <input type="checkbox"/> Helping people solve problems |
| <input type="checkbox"/> Helping people feel better | <input type="checkbox"/> Teaching people how to do things |
| <input type="checkbox"/> Leading projects and people | <input type="checkbox"/> Selling things or ideas |
| <input type="checkbox"/> Being in charge of people | <input type="checkbox"/> Working with numbers |
| <input type="checkbox"/> Being organized | <input type="checkbox"/> Following a set plan |
| <input type="checkbox"/> Learning about history and geography | <input type="checkbox"/> Caring for family and home |
| <input type="checkbox"/> Taking industrial technology classes | |

CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information provided herein is true and correct to the best of my knowledge.

Applicant's Signature _____

Date _____