



WXPn Unpaid Internship Application

Return with Cover Letter, Resume and supplemental materials (if applicable) to...

WXPn's Volunteer & Student Coordinator | by mail: WXPn, 3025 Walnut St, Philadelphia, PA, 19104

by email: xpnvolunteers@gmail.com

Name: _____

Date: _____

Contact Information

Email Address: _____ Home Phone: _____

Permanent Address: _____ Cell Phone: _____

Temporary/Address @ School : _____

Emergency Contact: _____ Em. Contact Work Phone: _____

Relationship to you: _____ Em. Contact Cell Phone: _____

School Name: _____ Major: _____ Exp. Grad Date: _____

How did you hear about the WXPn unpaid Internship Program? _____

Which Internship are you applying for? _____

*To apply for multiple internships, please fill out a separate application for each position and indicate which is your top choice.

What are your available start and end dates? _____

Can you make a commitment through the school year? If not, when do you need to quit? _____

What weekdays and hours (between 9am and 5pm) are you available to work? _____

Do you need time off for vacations? If yes, what are the dates? _____

Have you applied for an XPN internship before? _____

If you have you worked at XPN before, list position & supervisor: _____

If needed, please use a separate piece of paper to complete your answers to the following questions:

Why do you want to be a WXPN Intern?

Please describe your work experience.

Please highlight the experiences, skills and interests which uniquely equip you for this position.

How is this internship related to your field of study and how would it enrich your coursework?

What do you expect to gain from an internship at WXPN?

What other internships are you seeking this year (other than at XPN)?

If you are seeking credit for your internship, what are the program requirements and why would XPN be the right place to fulfill these requirements?

Program Coordinator Name: _____ Prog. Coord. Email: _____

CONSENT

I understand that I am applying for an UNPAID position working under the supervision of a WXPN employee.

SIGNATURE _____

DATE _____