

Stein Neighborhood Senior Center Inc.
204 East 23rd Street 2nd Floor New York New York 10010
Tel: 1-646-395-8083 Fax: 1-646-395-8088

Intern Application

DATE: _____
SCHOOL NAME: _____
STUDENT NAME: _____
SCHOOL ADDRESS: _____
PHONE: _____
EMAIL ADDRESS: _____

Availability (Please Indicate Days and Time you would like to Volunteer)

Monday Tuesday Wednesday Thursday Friday

 8:30am-10:30am 10:30am-12:30am 12:30am-2:30am 2:30am-4:30
 3 hours day 4 hours day 5 hours day 6 hours day 7 hours day

PLEASE PROVIDE RESUME & 2 REFERENCES

1. Name: _____
Address: _____
Phone: _____
Relationship: _____

2. Name: _____
Address: _____
Phone: _____
Relationship: _____

Please Provide School's Outline Goals for Student

Please Provide Student's Outline Goals for Internship

Internship's Goals for Student (To Be Completed By Stein Neighborhood Senior Center Inc.)

How did you hear about Stein Neighborhood Senior Center Inc.?

Friend Neighbor Website Flyer Social Media Other: _____

**PLEASE EMAIL YOUR APPLICATION TO: MGREEN@STEINSENIORCENTER.ORG
OR FAX APPLICATION: 1- 646-395-8088 ATTENTION: MARILYN GREEN
WE LOOK FORWARD TO WORKING WITH YOU!**