

Mid Shore Community Mediation Center  
8626 Brooks Drive  
Suite 204  
Easton, Maryland 21601  
(410) 820-5553



## Internship Application

Applications must include resume, three professional references and an internship proposal.  
Please return completed applications to Mid Shore Community Mediation Center.

| Applicant Information  |                        |      |
|--|------------------------|------|
| First Name   | Last Name              | Date |
| Street Address   |                        |      |
| City   | State                  | Zip  |
| Cell Phone   |                        |      |
| Email address  |                        |      |
| Have you ever been convicted of a felony?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | If yes please explain: |      |
| How did you hear about our internship program?   |                        |      |

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**Internship Proposal (you may attach a separate sheet)**

**Why are you interested in an internship in our organization?  
What specific experience would you like to gain through this internship?**

| <b>Professional References</b> |  |
|--------------------------------|--|
| Name                           | Relationship and contact info (e-mail and/or phone number) |
|                                |  |
|                                |  |
|                                |  |

| <b>Disclaimer and Signature</b>  |       |
|--|-------|
| <p>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.</p> |       |
| Signature:   | Date: |



Office Use Only

Application Received by:

Date Received:

Next Steps:

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