

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



Internship Application

Please return completed applications to Mid Shore Community Mediation Center.

Applicant Information		
First Name	Last Name	Date
Mailing Address		
City	State	Zip
Cell Phone		
Email Address		
How did you hear about our internship program?		

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Availability: Check all that Apply

Half-Time (10-20hrs/wk) Part-Time (20-29hrs/wk)

	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
Half-Time							
Part-Time							

Experience/Education and Skills

Current employment status: Full-time Part-time Not Employed

Current or most recent paid position held:

Are you currently a full-time student?

Yes No

If yes, please indicate school:

Level

Freshmen Sophomore Junior

Senior Graduate student

Areas of study:

Do you speak any other languages?

Yes No

Which Language?

Fluent Semi-Fluent Basic

Computer Skills/Software Used:

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?**

Professional References (supervisors, teachers, mentors, etc.)	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
<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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