

MWR INTERN FACT SHEET

A. Personal data:

Full name: _____

Mailing address: _____

Phone: _____ SSN: _____ Date of birth: _____

Place of birth _____
(city) (state) (country)

E-Mail _____

Gender Female Male Height _____ Weight _____

Hair Color _____ Eye Color _____

Passport Number _____ Issue date: _____ Expiration date: _____

Driver's License Number and State _____ Issue date: _____ Expiration date: _____

University: _____

Major: _____

Year in school: Junior Senior Graduate student

B. Relevant experience (within the last 2 years)

1. Name of employer: _____

Date of employment: _____

Duties: _____

2. Name of employer: _____

Date of employment: _____

Duties: _____

3. Name of employer: _____

Date of employment: _____

Duties: _____

C. Certifications: _____ CPR _____ First Aid _____ Lifeguarding
_____ WSI _____ WFR _____ WFA

Other: _____

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D. What are your goals for this internship?

E. What are your university requirements (special project, paper) for completing this internship?
