

**CAROLINA DISPUTE SETTLEMENT SERVICES**  
3737 Glenwood Avenue Suite 370  
Raleigh NC 27612

**Internship Application**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

SCHOOL: \_\_\_\_\_ EXPECTED GRADUATION DATE : \_\_\_\_\_

MAJOR(S): \_\_\_\_\_

**SEMESTER AVAILABILITY**

Fall: \_\_\_\_\_  Spring: \_\_\_\_\_  Summer: \_\_\_\_\_

WEEKLY AVAILABILITY:  Full Time: \_\_\_\_\_  Part Time: \_\_\_\_\_

Days and Times Available: \_\_\_\_\_

Total Number of Hours Sought: \_\_\_\_\_

Please describe related skills, workshops and internships (including languages, fundraising, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other volunteer activities (including length of time you participated):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (non-family):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I understand a North Carolina criminal record check will be completed.

—

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please use the back of this form to indicate any additional related information.