



**Cornell University**  
 Cooperative Extension  
 New York City

MANHATTAN OFFICE  
 40 E. 34<sup>th</sup> Street, Suite 606  
 New York, NY 10016-4402  
 t: 212-340-2910  
 f 212-340-2908  
 cenyc@cornell.edu



## Intern Application

**Please Print**

1. Name \_\_\_\_\_ Tel. /Cell \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

2. Education: High School: 1 2 3 4 **Major:** \_\_\_\_\_  
 College: Freshman Sophomore Junior Senior Graduate **Major:** \_\_\_\_\_

3. Do you have health related problems or physical limitations which may affect your internship/ volunteer work?  Yes  No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

4. Interests, skills, hobbies \_\_\_\_\_  
 \_\_\_\_\_

5. Why do you wish to be an intern for Cornell Cooperative Extension?  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you had any teaching experience? (*Paid &/or nonpaid*)  Yes  No

Where? \_\_\_\_\_

Age Group you prefer to work with:  Youth (8-12)  Teens (13-19)  
*(check  all that apply)*  Young Adults (19-26)  Adults  Seniors

Other relevant experiences \_\_\_\_\_  
 \_\_\_\_\_

**The information in this application will be handled in a confidential manner and will be used solely to determine your placement and training within Cornell Cooperative Extension - NYC Programs.  
 (It is understood that no discrimination is implied.)**

7. Languages that you speak \_\_\_\_\_

8. What kinds of skills would you like to develop with this internship &/or volunteer opportunity?

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9. Volunteer roles that interest you:

\_\_\_\_\_ **Community Outreach**

Serve as an educator delivering workshops to youth &/or adults in areas such as *gardening, leadership & service, life skills, nutrition & health, public speaking & science & technology*

\_\_\_\_\_ **Mentor**

Provide ongoing support to organized 4-H groups by serving as a *4-H club leader, Tech Wizard Mentor, Teen Leaders Mentor or a College & Career Mentor*. Mentors coordinate projects, trips, teach workshops, and meet with groups on a regular basis (weekly to monthly).

\_\_\_\_\_ **Organizational Supporter**

Assist with special events &/or day to day program operations and management i.e. *administrative aids, middle managers, guest speakers, evaluators, newsletter writers* etc.

\_\_\_\_\_ **Resource Developer**

Identify research and secure potential program resources such as volunteers and funding.

10. Available: \_\_\_\_\_ Day Time      \_\_\_\_\_ Evenings      \_\_\_\_\_ Weekends

11. Where did you hear about this Cornell Cooperative Extension program?

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12. Have you ever been convicted of a **criminal or sexual offense**? If so, please explain.

A criminal conviction will be considered only in relation to the position in which you are interested. Seriousness and nature of the offense, time elapsed and rehabilitation will be taken into consideration.

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13. In an emergency notify:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

14. Please give us the name of two individuals we may contact who can comment on the quality of your work. (Do not include friends or relatives)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Cornell Cooperative Extension volunteer. If appointed as a volunteer, I agree to abide by the philosophies of Cornell Cooperative Extension and to fulfill the volunteer responsibilities to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail or Fax Completed Applications to:**

**Lucinda Randolph Benjamin  
Cornell University Cooperative Extension  
4-H Youth Development  
40 East 34<sup>th</sup> Street, Suite 606  
New York, NY 10016  
T: 212-340-2910  
F: 212-340-2908**

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