



FLY Program Internship Application

Name (First, Middle, Last): \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

Pronouns: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program of interest: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you 21 or older?      Yes      No

Do you have reliable transportation?      Yes      No

Do you have a valid driver's license?      Yes      No

Do you have car insurance?      Yes      No

What languages, other than English, do you speak?

**Availability**

Available to start on: \_\_\_\_\_

Internship duration preference: \_\_\_\_\_

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

The above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you very much for your time and interest in FLY!

**To Submit:** Please email the completed application [internships@flyprogram.org](mailto:internships@flyprogram.org)

**Important:** if you have a resume, please attach a copy to the email. Thank you!