

Internship / Fellowship Program Application

Please review the Internships & Fellowships Overview prior to completing this application.

PART I: General and Personal Information

<i>Double click on check boxes to mark</i>	Position Applied For:
I am available from: ____ until ____. Willing to serve for: ____ months. Minimum 2-month commitment. Longer commitments are more likely to receive scholarships, since funding is limited.	<input type="checkbox"/> USA International Expedition Coordinator/Co-Leader <input type="checkbox"/> International Partner Organization Intern Preferred Location _____ <input type="checkbox"/> USA Headquarters Intern Preferred Position _____

Personal Data			
First	Middle	Surname(s) / Family Name(s)	
Preferred Name	Fax number	Email Address	
Home Phone Number	Work Phone Number	Mobile Phone Number	For housing assignments: Male <input type="checkbox"/> Female <input type="checkbox"/> Marital Status M <input type="checkbox"/> S <input type="checkbox"/> Date of Birth Age
Best Time to Call:	Best Time to Call:	Best Time to Call:	
Country of Legal Residence	Current Occupation	Passport Number/Country (In addition please provide a copy of current, valid passport)	Major/Area of Focus
School and Level of Study	Professional license(s)		

Current Mailing Address <i>(All information will be sent to this address unless you notify us of a change)</i>			
Address			
City	State/Province	Postal Code	Country
Permanent Mailing Address			
Address			
City	State/Province	Postal Code	Country

Emergency Contact Information <i>(Person to contact in case of emergency)</i>			
First	Middle	Surname(s) / Family Name(s)	
Home Phone Number	Work Phone Number	Mobile Phone Number	Relationship of this person to intern.
Best Time to Call:	Best Time to Call:	Best Time to Call:	

References				
<i>Please list 3 references. Include at least 1 Professional or educational reference and 1 Personal character reference (not related to you).</i>				
Name	Telephone (if non-U.S. include Country code)	Email Address	Nature of relationship	Number of Years Known

PART II: Experience and Education

Explain what you are looking to get out of this experience. What areas are you looking to focus on? (e.g. graphic design, media relations, fund raising, travel & tour arrangements, information systems, etc...)

Computer Skills (Check the appropriate boxes. Include software titles and years of experience)

Computer Skills	None	Novice	Expert		None	Novice	Expert
<input type="checkbox"/> Word Processing				<input type="checkbox"/> Graphic Design			
<input type="checkbox"/> Excel				<input type="checkbox"/> Web Design			
<input type="checkbox"/> Presentation				<input type="checkbox"/> A+/MCSA/MCSE			
<input type="checkbox"/> Email/Internet				<input type="checkbox"/> Windows Server			

Vocational Skills

Skill	Professional	Handy	Unskilled		Professional	Handy	Unskilled
<input type="checkbox"/> Carpentry				<input type="checkbox"/> Welding			
<input type="checkbox"/> Masonry				<input type="checkbox"/> Agriculture			
<input type="checkbox"/> Architecture				<input type="checkbox"/> Teach / Train			
<input type="checkbox"/> Engineering				<input type="checkbox"/> Health / Nutrition			

Foreign Language(s) Please identify your foreign language abilities using the key references below.

- Key: 1 basic (able to satisfy limited work requirements and social demands)
 2 fair (able to participate effectively in most professional and social demands)
 3 fluent (fully fluent and accurate on all levels)

ESL applicants
 TOEFL Score _____ Date of test _____
 Please provide a copy of the test

Language _____ Speaking _____ Listening _____ Reading _____ Writing _____

Language _____ Speaking _____ Listening _____ Reading _____ Writing _____

Community/Volunteer Activities

Please tell us about a time you volunteered. Attach additional information if necessary.

Name of Organization		Duties/Achievements
Position Held		
Dates	Number of Work Hours Per Week	

PART II:

Statement of Purpose:

Please address the following questions in a 1 page statement of purpose. Include your background experience and summarize what you have to offer to this experience. Highlight training and skill that you believe will help you to make an impact:

Why are you interested in being an intern at this stage of your life?

What would you like to learn, experience and/or achieve by being an intern?

What do you envision yourself doing as an intern?

What challenges do you expect to encounter and how do you plan on dealing with them?

PART III: Medical History

Please check all items that have applied in the past or that apply presently

Symptom	Past	Present	Symptom	Past	Present
Heart Trouble			Jaundice/hepatitis		
Lung Disease			Stomach/Bowel trouble		
Joint Problems			Headaches/Migraines		
Diabetes			Allergies		
Severe Stress Reaction			Serious Accident		
High/Low Blood Pressure			Asthma		
Hernia or rupture			Kidney/Bladder Disorder		
Back/Neck problems			Fits/Blackouts/Epilepsy/seizures		
Depression/Anxiety			Hearing/sight problems		
Skin Problems			Cancer/Tumor/Cysts		
Blood Disorder/Anemia			Pacemaker		
Stroke			Liver Disease		
Arthritis			Psychiatric Treatment		
Venereal Disease			Sinus Trouble		
Ulcers			Radiation Treatment		
Excessive Bleeding			Fainting		
Tuberculosis			Emphysema		
Tooth Sensitivity			Chipped or Cracked Teeth		
Bleeding Gums			Clicking or Locked Jaw		
Pain in Jaw Joints			Troublesome Wisdom Teeth		
Emotional Disorder			Bipolar Disorder		
Mood Swings			Sleep Disturbances		
Drug Abuse			Drug Rehabilitation		
Knee Pain/problems			Shoulder Pain/Problems		
Chronic Diarrhea			Other		

Hospitalizations/medical care

Please List all surgeries received during life-time

Surgical (operations)

Date _____ Type of Surgery _____

Date _____ Type of Surgery _____

Date _____ Type of Surgery _____

Medical (non-surgical)

Date _____ Procedure/Reason _____

Date _____ Procedure/Reason _____

Date _____ Procedure/Reason _____

Other Hospitalization (including psychiatric hospitalization/care)

Date _____ Reason _____

Date _____ Reason _____

Date _____ Reason _____

Current			
Rank your ability to handle change on a scale from 1 to 10			Do you use any harmful substance? (i.e. alcohol, tobacco, drugs) How often?
Rank your ability to handle stressful situations on a scale from 1 to 10			Are you currently under the care of a doctor or other medical professional?
Rank your fitness level on a scale from 1 to 10			Are you on a special diet? Which?
Rank your ability to deal with challenging personalities on a scale from 1 to 10			

Questions

1. Are you now or have you been within the last 5 years under the care of a mental health professional? Does anyone in your family have a history of mental illness? If yes, please give details.

2. Are you now or have you been within the past 5 years, using controlled substances without a doctors prescription?

3. Are there any health considerations that might affect your work or placement within Ascend? If so, please explain.

Medications:

Prescription Medications: List ALL medications that you are currently taking or that have been prescribed for you within the last 18 months

Drug and Strength	Reason for Medication	Prescribing Physician

Over the counter medications: taken regularly (weekly for more than 1 month) within the last 18 months

Part IV:

Questions for all internship / fellowship positions.
How did you hear about the Ascend Alliance?
Describe a time when you were under stress. What did you do?
Have you ever had a co-worker or friend complain to you about someone? How did you respond?
Describe a time when you felt you were being treated unfairly. What did you do?

Part V:

Additional Information for International Intern Program Positions.
Please describe your international travel experience, including place, length of travel and purpose (study, tourism, professional). Please specify if you have traveled / lived in a developing country, and specifically rural areas.
Please give a brief description of your experience in cross-cultural settings.
Are there any countries/projects in which you would prefer not to intern? And if so, why?
Are you accustomed to camping and/or living with only very basic housing? _____ Please explain what you anticipate or require for housing / living conditions

PART VI:

Applicant's Statement: I certify that the answers I have given in this application are true and complete to the best of my knowledge. I acknowledge that misrepresentation or omission may be the cause for my rejection from internship / fellowship service or may result in my subsequent dismissal if I am accepted.

Signature of Applicant _____

Date _____

PART VI:

Authentication: In order for this application to be considered it must be verified and signed by someone who has known the applicant for more than 10 years. Ideally this person would be a parent, grandparent or guardian, but in cases where one is not available may also be another person who has known the applicant for the required amount of time.

Authenticator's signature

To my knowledge, the applicant has filled out this application truthfully and fully.

Signature of Authenticator _____ Date _____

Phone Number _____ Alt Phone _____

E-mail _____

Please give a brief description of with applicant and the numbers of years you have know him/her.

Please submit a one-page resume and two letters of recommendation. Your application will not be processed until your resume and letters of recommendation have been received.

Mail, fax or email completed application to:

Wendi Coccimiglio, Intern Coordinator
ASCEND Alliance
3165 East Millrock Drive, Suite 175
Holladay UT, 84121

Fax #: (801) 746-3351
Email: intern@ascendalliance.org
Phone #: 1-801-601-8810

PART VII:

Letters of Recommendation:

Please provide two letters of recommendation, one of which should be a character reference and should have been acquainted with you for at least 10 years. The other should be a professional reference. These letters should explain your suitability for immersion and project work in a community in the developing world.

Please provide your referees with the information and the forms below.

Note to Referee:

Ascend is a non-profit based in Salt Lake City, Utah that has 25 years of experience working in the developing world. At Ascend, volunteers (young and old) join interns and permanent staff to mentor children, families and communities in need in Africa and Latin America.

Project work in the countries where we work is collaboratively designed and implemented by the staff, intern, and community. In the end, interns acquire development skills and training while immersing themselves in a foreign language and culture. Interns have the experience of a lifetime as they make long-standing relationships with the staff and community members. As with all development work, this work is also fraught with difficulty as interns learn to maneuver in a new country with a new culture and often a new language. We rely heavily on statements of referees. Based on the length of time and the capacity in which you have known the applicant, we are particularly interested in your frank appraisal of the applicant's personal suitability to development work abroad.

Please forward to Ascend by mail, e-mail, fax, or provide to the applicant in a sealed envelope.

Mail, fax or email completed application to:

Wendi Coccimiglio, Executive Director
Ascend Alliance
3165 East Millrock Drive, Suite 175
Holladay UT, 84121

Email: intern@ascendalliance.org

Reference For (name of applicant) _____

1. In what capacity have known the applicant?
2. For how many months/years
3. Personality

Category	High	Medium	Low	Unable to Assess
Maturity				
Global Perspective				
Cultural Sensitivity				
Adaptability				
Diligence/Perseverance				
Judgment/Critical sense				
Communication Skills				
Independent Initiative				
Teamwork				
Mental Stability				
Well-rounded				

4. In your opinion, is the applicant well suited for his/her proposed program?

Very well _____ Well _____ Adequately _____ Inadequately _____

5. Please give an over-all assessment of the applicant and his/her suitability for the program. Do not hesitate to use an additional sheet of paper to complete your comments or to attach a letter.

Name _____

Date _____

Signature _____

Title _____

Tel: _____

E-mail _____