

# INTERNATIONAL CITIZEN DIPLOMACY OF LOS ANGELES

Internship Application



## APPLICANT INFORMATION

|                    |                            |                          |                      |                          |                           |                          |  |
|--------------------|----------------------------|--------------------------|----------------------|--------------------------|---------------------------|--------------------------|--|
| Last Name          |                            | First                    |                      | M.I.                     |                           | Date                     |  |
| Street Address     |                            |                          |                      | Apartment/Unit #         |                           |                          |  |
| City               |                            |                          | State                |                          | ZIP                       |                          |  |
| Phone              |                            |                          | E-mail Address       |                          |                           |                          |  |
| I am applying for: | Winter/ Spring (Jan – May) | <input type="checkbox"/> | Summer (June – Sept) | <input type="checkbox"/> | Fall (October – December) | <input type="checkbox"/> |  |

## EDUCATION

|                             |                                   |                                    |           |                          |                                 |                                     |
|-----------------------------|-----------------------------------|------------------------------------|-----------|--------------------------|---------------------------------|-------------------------------------|
| Academic Year               | Freshman <input type="checkbox"/> | Sophomore <input type="checkbox"/> | Junior    | <input type="checkbox"/> | Senior <input type="checkbox"/> | Post –Grad <input type="checkbox"/> |
| College                     |                                   |                                    | From:     |                          | To:                             | GPA:                                |
| City                        |                                   | State                              | Major(s): |                          | Minor(s):                       |                                     |
| Other School or High School |                                   |                                    | From:     |                          | To:                             | GPA:                                |
| City                        |                                   | State                              |           |                          |                                 |                                     |

## AVAILABILITY

Please indicate the days and times you are available to work. Our office hours are 9:30 a.m. – 5:00 p.m.

|           |  |    |  |          |  |    |  |
|-----------|--|----|--|----------|--|----|--|
| Monday    |  | To |  | Thursday |  | To |  |
| Tuesday   |  | To |  | Friday   |  | To |  |
| Wednesday |  | To |  |          |  |    |  |

**QUESTIONARE**

*Please answer the following questions in 5-8 sentences or less.*

1. What interests you most about the internship position you are applying for?

2. What makes you an ideal candidate for the internship position you are applying for?

3. What do you hope to achieve from this internship?

*Please send your completed application, resume, and any questions to Danica Kreculj, Director of International Programs at [dkreculj@icdla.org](mailto:dkreculj@icdla.org).*

*Please include your name on all attachments i.e. "John Smith – Application" & "John Smith – Resume"*