



END AIDS. LIVE LIFE.

# Internship Application

**INSTRUCTIONS:**

- To apply for an internship at GMHC, send the following items to [internships@gmhc.org](mailto:internships@gmhc.org): Internship Application, Pledge of Confidentiality, Resume and Cover Letter.
- In your cover letter, include your specific area of interest (based on the list provided on our website), why you are interested in interning at GMHC, what you would like to gain from this internship and your long term goals.

**DATE:**

APPLICANT INFORMATION											
Last Name			First			M.I.					
Street Address					Apartment/Unit #						
City			State		ZIP						
Home Phone		Cell Phone		E-mail							
Sex Assigned at Birth*		Female <input type="checkbox"/>		Male <input type="checkbox"/>		Intersex <input type="checkbox"/>					
Gender Identity*		Female <input type="checkbox"/>		Male <input type="checkbox"/>		Transfeminine <input type="checkbox"/>		Transmasculine <input type="checkbox"/>		Genderqueer <input type="checkbox"/>	Other:
Pronouns		She/Her <input type="checkbox"/>		He/Him <input type="checkbox"/>		They/Them <input type="checkbox"/>		Other:			
<b>*Optional – for demographics only.</b>											
SCHOOL INFORMATION											
College/University											
PT or FT Student (circle one)		First Year <input type="checkbox"/>		Sophomore <input type="checkbox"/>		Junior <input type="checkbox"/>		Senior <input type="checkbox"/>		Graduate School <input type="checkbox"/>	
School Contact Name			School Contact Title								
School Contact Phone			School Contact Email								
During which semester(s) would you like to complete your internship? (check all that apply)						Fall <input type="checkbox"/>		Spring <input type="checkbox"/>		Summer <input type="checkbox"/>	
Required Number of Hours			Deadline to Complete Hours								
Additional School Requirements (if any)											
<b>ADDITIONAL INFORMATION</b>											
How did you hear about GMHC?											
Computer/Technology Skills											
Please list any additional skills, including languages.											

SIGNATURE	
Signature:	Date:



## **Pledge of Confidentiality**

In volunteering my time for Gay Men’s Health Crisis (GMHC), I understand that in the course of my service for GMHC, I may learn certain facts about individuals being served by GMHC that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as completely confidential. I understand that all HIV-related information is protected under the New York State confidentiality law (Article 27-f) and I agree to abide by the provisions of that law. I may also learn facts about an individual’s alcohol and drug history, and in accordance with federal law (HIPAA) this information must be kept confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with GMHC and/or authorized by GMHC to have such information.

I further agree to keep confidential all information I may learn about GMHC volunteers, paid staff, or individuals who make donations to GMHC.

*Print* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_