



Internship Program Spring 2010 Application

Please complete and return this form to Allyson Reaves at areaves@cfc-fcc.ca no later than **Friday, February 26, 2009**. Visit www.cfc-fcc.ca for details.

Name	
College/ University	
Year of Graduation	
Major of Study	
Home Address	
Phone	(Home) (Cell)
E-mail address	

1. Why you are interested in the non-profit sector?	
2. Why do you want to participate in the CFC internship?	
3. How is an internship at CFC relevant to your career goals?	



4. What are your learning objectives for the internship?	
5. What is your experience in volunteering in the Ottawa community?	
6. What are the internship requirements of your academic institution?	Reporting: Supervision: Time/length of internship:
7. How do you prefer to schedule your internship	MARCH Monday hours _____ Tuesday hours _____ Wednesday hours _____ Thursday hours _____ Friday hours _____ APRIL Monday hours _____ Tuesday hours _____ Wednesday hours _____ Thursday hours _____ Friday hours _____ MAY Monday hours _____ Tuesday hours _____ Wednesday hours _____ Thursday hours _____ Friday hours _____
8. Please indicate any additional notes here:	