

**American Samoa Alliance against Domestic & Sexual Violence
2024 Summer Internship Application Form**

1. Have you participated or attended an Alliance event/program etc.? Yes No
 2. If you answered "Yes", please indicate in what capacity? _____
 3. Please provide your:
 - a. First Name: _____ Last Name: _____
 - b. Date of Birth: _____ Age: _____
 - c. Gender: Female Male Fa'afafine
 - d. What is your email information? _____
 - e. How did you hear about us?
 Word of Mouth Referral (please provide name) _____
 School (name) _____ Email Social Media/Website
 Newspaper/news Other: (please list): _____
 - f. Home Address: _____
 - g. Phone Number: _____ Alternative Phone Number: _____
 4. Please submit an essay letting us know why you are a good candidate for the Internship, what you hope to learn from the program, and what you hope to offer. (standard essay 1 page, 5 paragraph, double space, 11 font)
- Applicant Signature: _____ Date: _____
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5. Required Parental Permission for interns ages 17 and under: This form is to be completed by the parent and kept on file at the Alliance.

Parent/Guardian Name: _____

Parent Phone Number: _____

As a parent or guardian, I give the above-named minor permission to work the following hours:
No more than 20 hours per week Monday – Thursday.

Print Name/Signature of parent or guardian Date signed (month, day, year)