



GWINNETT COUNTY
COMMUNITY SERVICES | VOLUNTEER GWINNETT
INTERNSHIP APPLICATION

Applicant Name: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

College/University: _____ Major: _____

Student Type: Undergraduate Graduate Other: _____

Internship Instructor: _____ Email: _____

INTERNSHIP PROGRAM REQUIREMENTS

Required length of your internship (hours/weeks)? _____

Prospective dates of your internship? _____ Deadline for securing an internship: _____

What are your goals and objectives for the internship? _____

Are you required to do a major project during your internship? Yes No

What is your anticipated graduation date? _____ Current GPA? _____

What is the area of emphasis in your major? _____

Are you currently a member of a professional organization? If yes, please list. _____

Currently employed with Gwinnett County? If yes, provide department/section: _____

Previously employed with Gwinnett County? If yes, provide dates, department and section: _____

Rank your top three points of interest from the below areas of operations:

	Horticulture & Environmental Sciences		Collections Management
	Family & Consumer Sciences		Political Sciences
	Health & Human Services		Parks Operations & Management
	Community Health & Wellness		Recreational Program Planning & Implementation
	Volunteerism		Risk Management
	Marketing & Public Relations		Historical Interpretation & Programming

List any other areas of interest not noted above: _____

I certify that the facts set forth in this application for internship are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information at any time during the internship process will result in permanent removal from consideration of any employment opportunities with Gwinnett County Government or termination of the internship. The County is hereby authorized to make any investigation of my prior educational and work history. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

Print Name: _____ Signature: _____ Date: _____

Email completed DoCS Internship Application to VolunteerGwinnett@GwinnettCounty.com