## **ACLU of Kentucky Intern Application**

Name	
Local Address	
City, State, Zip	
Home Phone	Work Phone
Email Address	Cell Phone
School/Business	
High School	Graduated
College/ University	Graduated
Degree	Major
Graduate Education	
Relevant College or Gradua	ate Courses Taken
Work Experience	
Are you applying for this int	ernship as part of an academic program? Yes No
Scheduling Information: Earliest Possible Start Date Preferred day(s) and time(s	o) of your shift(s). Please indicate if times are flexible or fixed.
Monday	<u>Flexible</u> <u>Fixed</u>
Tuesday	<del></del>
Wednesday	
Thursday	
Friday	
Comments: (Please explain	limitations if necessary)
Signed	Date