



## College of Staten Island Liberty Partnerships Program

### *Intern Application Checklist*

"For our Youth, For our Future"

**Please find attached the Intern forms and information needed for all new applicants:**

\_\_\_ Internship Application Form

\_\_\_ 3 Evaluations – Signed

\_\_\_ 3 Letters of References Required (Letters from your Professor(s) is acceptable)

\_\_\_ Class Schedule

\_\_\_ Official Transcript

\_\_\_ Resume

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*\*This section is for OFFICE USE ONLY\**

Deadline: \_\_\_\_\_

Interviewed: \_\_\_\_\_

Received: \_\_\_\_\_

*City University of New York*  
**College of Staten Island**  
**Liberty Partnerships Program**  
**Internships Application Form**  
*Please print/write all information on this form clearly*

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Last name (Please Print)                      First name                      Middle Initial

Female [ ]    Male [ ]

Ethnicity (Optional)

Black [ ]                      Hispanic [ ]                      White [ ]                      Other [ ]

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Do you speak any other languages other than English? Yes [ ]    No [ ]

If yes, what language(s) do you speak: \_\_\_\_\_

Please check your current level at CSI: Junior [ ] Senior [ ] Graduate Student [ ]

**EMPLOYMENT HISTORY**  
*(Attach additional sheets if necessary)*

Dates	Employer	Duties

**EDUCATIONAL HISTORY**

H. S. Graduated: \_\_\_\_\_ Year: \_\_\_\_\_ Diploma Type: \_\_\_\_\_

Colleges Attended	Graduation Date	Type of Degree

Describe in detail any previous experience with youth: \_\_\_\_\_

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In what extracurricular activities have you participated in high school or college? \_\_\_\_\_

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What are your interests or hobbies? \_\_\_\_\_

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In your opinion, what do we need to do to keep adolescents in school until they graduate?

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Do you have any community or volunteer service/experience? Yes [ ] No [ ]

If yes please provide a brief description: \_\_\_\_\_

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What are your career goals? \_\_\_\_\_

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Ask 3 people such as supervisors or Professors to provide references on the attached sheets along with letters of recommendation.

Please return application by \_\_\_\_\_ to **Ms. Shawn Denise Landry, MPA, MSW, Director, Liberty Partnerships Program, Building 2A, Room 204, College of Staten Island, 2800 Victory Boulevard, Staten Island, New York 10314, telephone 718-982-2352.**

**College of Staten Island  
Liberty Partnerships Program  
718-982-2352 / 2A -204**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ has requested a reference for his/her application to assist teachers/counselors of disadvantaged students in local high school or intermediate schools.

Please evaluate this candidate on each of the criteria listed below. This sheet and your letter of recommendation will be helpful to the selection committee in evaluations. Return the completed evaluation and the letter at your earliest convenience, directly to the following:  
**Ms. Shawn Denise Landry, Director-Liberty Partnerships Program, Building 2A, Room 204, College of Staten Island, 2800 Victory Boulevard, Staten Island, New York 10314, telephone 718-982-2352.**

	Cannot Evaluate	Low	Average	High
Commitment to education advancement of Disadvantaged students.	0	1	2	3 4 5
Ability to communicate with disadvantaged students.	0	1	2	3 4 5
Ability to work with professional educators.	0	1	2	3 4 5
Ability to work with disadvantaged parents.	0	1	2	3 4 5
Personal ability.	0	1	2	3 4 5
Personal integrity.	0	1	2	3 4 5
Intent to pursue a career in teaching/counseling.	0	1	2	3 4 5
Adaptability.	0	1	2	3 4 5
Academic ability.	0	1	2	3 4 5
Ability to work as part of a team.	0	1	2	3 4 5
Ability to complete assignments in timely manner.	0	1	2	3 4 5

In what capacity do you know this person? \_\_\_\_\_  
 \_\_\_\_\_

For how long? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Ability to work with disadvantaged parents.	0	1	2	3 4 5
Personal disability.	0	1	2	3 4 5
Personal integrity.	0	1	2	3 4 5
Intent to pursue a career in teaching/counseling.	0	1	2	3 4 5
Adaptability.	0	1	2	3 4 5
Academic ability.	0	1	2	3 4 5
Ability to work as part of a team.	0	1	2	3 4 5
Ability to complete assignments in timely manner.	0	1	2	3 4 5

In what capacity do you know this person? \_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_

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Ability to work as part of a team.	0	1	2	3	4	5
Ability to complete assignments in timely manner.	0	1	2	3	4	5

In what capacity do you know this person? \_\_\_\_\_

\_\_\_\_\_

For how long? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TIME	MONDAY M	TUESDAY T	WEDNESDAY WED	THURSDAY TH	FRIDAY F	SATURDAY SAT	SUNDAY SUN
8:00 8:50							
9:05 9:55							
10:10 11:00							
11:15 12:05							
12:20 1:10							
1:25 2:15							
2:30 3:20							
3:35 4:25							
4:40 5:30							
5:30 6:20							

Student: _____
Address: _____
Home Phone #: _____ Cell Phone #: _____