

Center for Prevention and Outreach
Wo/Men's & Gender Outreach Center
216 Stony Brook Union
Stony Brook, NY 11794-3200
631-632-2748/631-632-9666

## WST 488.11 Internship Application

Name	Date	
Address		
City	State	Zip Code
Primary Phone	Alternate Phone	
Email Address		
Stony Brook ID	Major	
I am interested in working on preve	ntion/education projects at	oout:
Sexual Assault Domestic Vid	olence 🗌 Body Image 🔲 G	ender Identity   Sexual Orientation
Other Women's Issues/topics*	Safe Space Program	Other LGBTQ Issues/topics*
*Please explain in your personal sta	tement	
Related Experience (work, voluntee	er):	
Name of organization (1)		
Duties		
Name of organization (2)		
Address		
Dhana number		

Contact Person	
Title	
Duties	
When did you work for/intern for this organiza	tion?
Name of organization (3)	
Phone number	
Contact Person	
Duties	
When did you work for/intern for this organiza	tion?
the Wo/Men's and Gender Resource Center. Plathey are interesting to you, and why you would Affirmation I affirm that the information within this application any of this information is false, it is ground review of this application. I understand that the	page essay on why you are interested in an internship at lease include the topics you would like to work on, why d make a good candidate for this internship.  Attion is true to the best of my knowledge. If it is found ds for termination of any position granted as a result of a is application does not guarantee any paid or non-paid each and/or the Wo/Men's & Gender Resource Center.
Signature	Date
This application can be delivered to: Center for Prevention and Outreach 214 Stony Brook Union Stony Brook, NY 11794-3200	Or faxed to: 631-632-1766
Please note that you will only be contacted if y application process. You will not be contacted of	ou are chosen to move on to the next step in the otherwise.

Thank you for you interest in the Center for Prevention and Outreach/the Wo/Men's & Gender Resource Center.