

di Rosa Internship Application Form

Date: _____

Please complete this form and mail or fax to us. Please use an additional sheet if necessary.

Contact Information:

Name: _____

Address: _____

_____ Zip _____

Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Emergency Contact: _____
Name, relation, and phone

Availability and Interest:

Why are you interested in becoming an intern at di Rosa?

How did you learn about internship opportunities at di Rosa?

Please place an X over times you are NOT available. Place a P over times you most prefer.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Desired Department/Position: _____

Please state why you would like to intern in this particular position and list any special skills or qualifications you have.

Internship Title: _____ **Department:** _____

Supervisor: _____ **Weekly Schedule:** _____

Start Date: _____ **End Date:** _____

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