National
Multiple Sclerosis
Society
Oregon Chapter

Oregon Chapter
National Multiple Sclerosis Society

5331 SW MacadamAvenue, Suite 290
Portland, OR 97239

Tel 800.344.4867
Fax 503.223.2912

Info.orc@nmss.org
www.defeatms.com

Application for Internship

Application Instructions:
All applicants should submit the following documents for consideration.

- Internship Application
- Current resume and cover letter

Documents may be submitted via e-mail or standard mail delivery to:
Wendy Allison, Volunteer Coordinator - wendy,allison@nmss.org

General Information

Date	Internship Position desired	
Last Name	First Name	M.I.
Street Address/Apartment Number		
City	State	Zip Code
Permanent address (if different from above)		
City	State	Zip Code

Date of Birth	Are you over 18? Yes No	Gender
College or University attending	Year	Major/Career Interest
GPA (cumulative)	Expected Graduation Date	
Home Number	Cell Number	
Email Address	Fax Number	
Best Time to Reach You (Time & Location)		

Are you currently employed?		Hours worked weekly?
Employer		
Work Telephone		May we contact you at work? Yes No
Emergency Contact Name	Relation	Phone

Please answer the following questions. If you need additional space for your answers, you may add a separate page.

Have you volunteered/worked with the NMSS before? If so, please share with us what you have done and when. If not, how did you learn of us? _____

_____

Why do you want to intern with the National Multiple Sclerosis Society? Do you have a connection to multiple sclerosis?
_____

_____

What skills/talents do you have that would contribute to your success in this position? _____

_____

How would this experience benefit your future career objectives? _____

_____

Skills

Do you have training or experience in any of the following areas? (check all that apply)

___ Accounting
___ Administration
___ Advertising/PR
___ Audio/Visual Systems
___ Bilingual
(*Please Specify*)_____
___ Blogs
___ Computer Programming
___ Data Entry
___ Database Programs
___ Event Coordination
___ Fundraising
___ Grant Writing
___ Graphic Design
___ Group Facilitating
___ Health Fairs
___ Human Resources
___ Internet
___ Legal
(*Please Specify*)_____
___ Media
___ Podcasts
___ Photography/Video
___ Project Management
___ Public Speaking
___ Receptionist
___ RN
___ Social Work
___ Writing
___ Other
(*Please Specify*)_____

Technology (check all you are proficient in using)

___ MS Office ___ Publisher ___ Excel ___ Outlook ___ Other _____

Do you have remote access to a computer? ____Yes ____No

Work/Volunteer Experience (*Please complete if no resume is attached*)

Employer/Organization	Dates of Service	Description of Service

Interests

Please check the types of internship activities that interest you (check all that apply):

___ Administrative/Technical
___ Event Coordination/Fundraising
___ Public Policy/Advocacy
__ Public Relations/Communications
___ Social Work/Programs
___ Other (*Please Specify*) _____

Accommodations

Are there physical accommodations that will help you in your internship assignment? If yes, please describe.

_____

_____

Do you have access to transportation? _____

Availability

Please indicate what times you are available:

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

When would you like to begin your internship? _____

Confidentiality Policy

All registrants of the Oregon Chapter, National Multiple Sclerosis Society have a right to know that all personal records, documents and conversations shall remain confidential. No information which might individually identify a registrant with multiple sclerosis will be released by any staff member, intern or volunteer of the Oregon Chapter, National Multiple Sclerosis Society to anyone outside the agency without that registrant's expressed opinion.

Signature: _____ Date: _____