CDTC - Internship Application

Please fill in the following information and rename the file with your full name when saving this document

Full Name	Prefer to be called:
Birthday DD/MM/YYYY	
Street Address	
City	
State	
Zip Code/Country Code	
Country	
Citizenship	
Cell Phone Number	
Email	

University	
Major	
Graduation Date or Expected Graduation Date	

Describe specialized training or certifications (CPR/First Aid), apprenticeships, skills (swimming) and/or extracurricular activities, involvement in organizations (IMATA, AZA) that are relevant.

Session Preference (please check):

	2027 Session #1: January – March		**2027 Session #3: July – September**
	2027 Session #2: April – June		**2027 Session #4: October – December**

I have noted the beginning and end dates of this program, have checked my college schedule, and understand that I am committing to completing the entire program. I further understand that not completing the commitment will result in an incomplete for the internship.

Please type your initials here _____

Reference Name	Phone Number	Email	Contact
			☐Yes ☐ No
			☐Yes ☐ No

How did you hear about our internship program? Please check all that apply.

	Internet search (Google, Bing, etc.)		IMATA – web site or at conference
	Participation at CDTC		Other organizations (like IMATA)
	Word of mouth		Other (please list details below)
	Social Media (Facebook, Instagram, Linked In)		