



Student Leader Internship Program (SLIP) Application

The Application Packet must contain:

- This completed application form
- Two Recommendation forms from non-relatives, each in a sealed envelope, signed across the sealed flap
- Parent Support Statement
- Personal Statement, one page or less, typed in 12 point font, *"What I Bring to GiftsToGive"*
- Resume and any supporting documents, if available

Mail via US Postal Service or drop off at: GiftsToGive, 21 Cove Street Mill New Bedford, MA 02744.

Only complete Application Packets will be considered.

Last name		First Name		Initial	
Your grade as of September:		__M __F	Social Security number		
Home address		City		State	Zip
Home telephone number		Mobile telephone number			
Email address				Date of birth	
Will you require workplace accommodations to perform your volunteer duties? ___ Yes ___ No		Any allergies, health conditions or disabilities which may interfere with your ability to perform volunteer work? ___ Yes ___ No			
If yes, specify:		If yes, specify:			
List all previous volunteer work or service organizations you have been involved with:					
Parent/Guardian			Parent/Guardian Home Phone		
Home address		City		State	Zip
School			Guidance Counselor/Student Advisor		

Year of graduation	School telephone number		
School mailing address	City	State	Zip

Self assessment (circle the number) -	(1=poor, 5=excellent)					+	comments
Punctuality	1	2	3	4	5		_____
Appearance / grooming	1	2	3	4	5		_____
Sense of responsibility	1	2	3	4	5		_____
Ability to grasp tasks	1	2	3	4	5		_____
Leadership	1	2	3	4	5		_____
Teamwork	1	2	3	4	5		_____
Ability to work alone	1	2	3	4	5		_____
Attitude	1	2	3	4	5		_____
Department / Manners	1	2	3	4	5		_____
Ability to represent organization	1	2	3	4	5		_____
Overall leadership assessment	1	2	3	4	5		_____

I feel my strengths are: _____

Skills I would like to learn at *GiftsToGive*: _____

What is 'One Thing' you'd like to change in the world? _____

Signed: _____ Date _____