

# CATALYST INTERNSHIP EXPERIENCE APPLICATION

What position are you applying for? \_\_\_\_\_

What level of internship are you applying for:

6 Month \_\_\_\_\_ 1 year \_\_\_\_\_ Other: \_\_\_\_\_

How many hours per week can you give towards the internship? \_\_\_\_\_

If accepted, what date can you begin your internship? \_\_\_\_\_

In general, what days/ times will you be available to work (please circle all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday
9 – 11 am	9 – 11 am	9 – 11 am	9 – 11 am	9 – 11 am
12 – 3 pm	12 – 3 pm	12 – 3 pm	12 – 3 pm	12- 3 pm
3 – 5 pm	3 – 5 pm	3 – 5 pm	3 – 5 pm	3 – 5 pm

Please list any jobs, activities, hobbies or clubs you have participated in which would benefit your internship:

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Do you speak a second language? If yes, please list: \_\_\_\_\_

Please rate your computer proficiency on a scale from 1 to 10:

1 - Little to no professional experience

10 - Extreme proficiency

1    2    3    4    5    6    7    8    9    10

Please list all software programs you are familiar with or proficient in:

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## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Birth date \_\_\_\_\_

Email address \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_

## HEALTH

Please check the appropriate box regarding the condition of your health:

\_\_\_\_\_ Great – No illnesses or conditions at all

\_\_\_\_\_ Good – No major conditions or illnesses

\_\_\_\_\_ Fair – I have a/some physical issues or conditions

\_\_\_\_\_ Poor – I am currently dealing with issues that may impact my attendance/  
performance of daily routines.

Please describe:

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Do you have any allergies or allergic reactions to certain foods, etc.? If yes, please list:

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Have you ever used illegal drugs? If yes, please state last date of use:

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Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ If yes, please complete the following:

Name of Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Relationship to you \_\_\_\_\_

\*Please note that none of the health questions mentioned above eliminate you from consideration by The C4 Group.

## EDUCATION

School: \_\_\_\_\_ Date attending: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

School: \_\_\_\_\_ Date attending: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

School: \_\_\_\_\_ Date attending: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Scholastic honors, clubs, etc.:

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## EDUCATION CREDIT

Will this internship count towards education credits or requirements for your major?  
\_\_\_\_\_ (If yes, please attach requirements to the application)

If yes, please provide the following:

Name of school: \_\_\_\_\_ Phone: \_\_\_\_\_

Department requiring internship: \_\_\_\_\_

Course Name: \_\_\_\_\_ Credits: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please understand that you are responsible for turning in and submitting any and all documentation required for your internship. If any references, official letters, or documents are needed from The C4 Group, please discuss this in your initial interview. Requests for documentation must be submitted to the appropriate staff members through email seven working days prior to the required due date. It is not the responsibility of The C4 Group to ensure that you receive credit but we will be more than willing to work with your schools to provide all documentation with appropriate notice.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## CURRENT EMPLOYMENT

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Duration: \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

## PAST EMPLOYMENT

1. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

2. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

3. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

## GENERAL QUESTIONS

Please answer the following questions to the best of your ability:

What is the difference between a leader and a boss? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from your Catalyst Internship Experience? \_\_\_\_\_

\_\_\_\_\_

How can The C4 Group help sharpen your leadership skills? \_\_\_\_\_

\_\_\_\_\_

What unique experiences can The C4 Group provide for you? \_\_\_\_\_

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Why do you think that accountability is important in a professional environment?

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Is there a specific area of your professional life that you would like to develop?

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What kind of person do you most enjoy working with? \_\_\_\_\_

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What are some gifts/talents/abilities that you will bring to The C4 Group? \_\_\_\_\_

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What weaknesses are you currently working on to improve? \_\_\_\_\_

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How did you hear about the Catalyst Internship Experience? \_\_\_\_\_

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If accepted into the Catalyst Internship Experience with the C4 Group, are you willing to help in other areas as needed or assigned? \_\_\_\_\_

## PAST INVOLVEMENT

Please provide information regarding your past volunteer experience:

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## REFERENCES

Please provide at least three references (please do not list any family members):

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

All information provided on this application is true and was completed by me. This information was provided freely and I understand that any information provided that is proven false will result in my dismissal from the Catalyst Internship Experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE MAIL TO:

The C4 Group  
PO Box 2727  
Issaquah, WA 98027