



SKILLED INTERNSHIP APPLICATION

CONTACT INFORMATION

First and Last Name

Primary Phone Number

Additional Phone

E-mail Address

MALE FEMALE AGE

MAILING ADDRESS

Address

Address 2

City

Country

Postal Code

Please list post-secondary education, including school, major and profession **OR** Profession:

How did you hear about Tekera Resource Centre?

SCHOOL FRIEND ANOTHER WEBSITE PRESENTATION OTHER

Do you have any health issues that might affect your ability to be safe in a rural village?

NO YES

If yes, please describe them.



Why are you interested in working with Tekera Resource Centre?

What do you hope to gain from working with TRC and how will this benefit or inform your future endeavors?

What skills or experiences do you have that qualify you for this internship? (e.g. academic background, profession, previous volunteer/work experiences, developing country experiences, or experiences in low resource environment).

Signature: _____

Date: _____

You may type as an indication that you understand the above statement.