

United Way of Central Arkansas
P.O. Box 489
Conway, AR 72033
501.327.5087
www.uwcark.org



Internship Application Form

Name: _____ DOB: _____ (mm/dd/yy)

Local Address: _____

Permanent Mailing Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Name of university you are currently attending: _____

Advisor's contact name: _____

Advisor's contact number: _____ Advisor's email: _____

I am applying for the semester of: FALL SPRING SUMMER (check one)

What year are you in? _____

What is your Major? _____

How many hours are needed? _____

Start Date _____ End Date _____

Are you available for after-hour events and/or holidays? _____

Please list your hours available:

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Emergency Contact: (Name) _____ Phone# _____

Please email this form to mail@uwcark.org and attach your resume.