
Civic Skills Training Application

YOU

Name: _____ Class: _____ HB: _____

Social Security Number: _____ Citizenship: _____

Green Card: YES NO Passport Number (if foreign national): _____

Emergency Contact Information:

Person(s): _____ Relationship: _____

Address: _____

Telephone: _____ (home) _____ (work)

YOUR INTERNSHIP

Your Major: _____

Other trainings you have completed: _____

Name and Location of Internship:

NOTE: Non-Rockefeller interns, please attach your internship application.

Internship Supervisor & Contact Information:

Please return to: Suzanne Todd
Program Coordinator
Dartmouth College
6082 Rockefeller Hall
Hanover, NH 03755-3514
(Phone) 603-646-2201 - (Fax) 603-646-1329

GOALS FOR THE TRAINING

Please respond to the following three questions in no more than 200 words per question.

1. What is your broad goal for your internship?
2. If you had to identify a specific goal for your internship, what would it be?
3. The Intern Leadership Retreat involves an intensive five-day training and the completion of a term-long project at your internship. What do you expect to gain from this training?

TRAVEL TO THE TRAINING

Travel to the Training should be coordinated with your travel plans to your internship. Training participants typically arrive the afternoon before the Training begins; a dinner meeting is planned in a central location.

Where will you be traveling from?

When does your internship begin?

NOTE: If you are traveling on to your internship from Washington, D.C., you may wish to ship the bulk of your luggage directly to your internship destination. That way, you'll only need to carry what you require for the five-day training.

You plan to travel to the Training by: CAR TRAIN BUS PLANE

If traveling by plane, where are you flying from? _____

Note: We will also cover the cost of transportation (by bus or Metro) from the airport to the initial meeting place taking place on the eve of the Training.

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### LODGING AND FOOD NEEDS

Do have any allergies? Please be specific: \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

Do you have a laptop that you will be bringing to the training?    YES    NO

If you are driving to the Training, will you need a place to park a vehicle?    YES    NO

If you will be staying in D.C. with family or friends, please give us the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_