THE LEGISLATIVE ASSEMBLY OF THE COMMONWEALTH OF PUERTO RICO

PILAR BARBOSA EDUCATION INTERNSHIP PROGRAM

PART A
Internship Application Form

Check In: Saturday, June 20, 2009
Check Out: Saturday, July 18, 2009

GENERAL INFORMATION (PLEASE ATTACH YOUR RESUME)

Name _____ Social Security # _____
Last First Middle Initial

Gender ( )F ( )M Date of Birth ___/___/_____ Place of Birth _____ U.S. Citizen? ( )Yes ( )No
Month Day Year

Address _____
Street City State/Zip

Phone _____ Cellular Phone _____
Area Code Number Area Code Number

Permanent Address _____
Street City State/Zip

Personal E-mail _____

Person whom the Program should contact in an emergency _____
Last First Middle Initial

Relationship to Applicant: _____

Emergency contact's phone (Day) _____ (Night) _____
Area Code Number Area Code Number

PROFESSIONAL INFORMATION

Name of School _____

Your Position/Title _____

Address _____

City _____ State/Zip _____

Telephone _____ Fax _____

Please tell us your areas of expertise and interests as an educator:

_____

_____

_____

OTHER IMPORTANT DATA

Use the following code to indicate your proficiency in English: 3=Fluent 2=adequate 1=slight

Language _____ Speaking _____ Reading _____ Writing _____

Have you worked with a computer? Yes _____ No _____ If yes, which type/s _____

Identify software packages you have used: _____

(Excel, Word, Power Point, Internet Explorer, Photoshop, etc.)

Please explain below the extent to which you use computer technology and the Internet in the classroom/in your work.

_____

_____

_____

THE LEGISLATIVE ASSEMBLY OF THE COMMONWEALTH OF PUERTO RICO

PILAR BARBOSA EDUCATION INTERNSHIP PROGRAM

PART B
Internship Housing Agreement

Check In: Saturday, June 20, 2009
Check Out: Saturday, July 18, 2009

GENERAL INFORMATION

Name _____ Social Security # _____
Last First Middle Initial

Gender ( )F ( )M Date of Birth ___/___/_____ Place of Birth _____ U.S. Citizen? ( )Yes ( )No
Month Day Year

Address _____
Street City State/Zip

Phone _____ Cellular Phone _____
Area Code Number Area Code Number

Permanent Address _____
Street City State/Zip

Permanent Phone _____ School _____
Area Code Number

Personal E-mail _____

Person whom the Program should contact in an emergency _____
Last First Middle Initial

Relationship to Applicant: _____

Emergency contact's phone (Day) _____ (Night) _____
Area Code Number Area Code Number

HOUSING POLICY

By living in the housing provided by the Pilar Barbosa Program during your Program you must accept the following rules and regulations:

- The Program is not responsible for loss or damage to personal property and recommends that you insure your valuables.
- The Program does not permit pets on the premises.
- The Program reserves the right to change participant accommodations at any time, fill a vacancy in the room by placing another person in the room without prior notice.
- The Program reserves the right to expel any participant from the program's housing whose conduct, in the opinion of the Program Director, is harmful or potentially harmful to the participants in our program or others.
- You are required to have health insurance and to provide proof of such insurance upon request.
- Smoking is not allowed.

ROOMMATE PREFERENCES

( ) I am a day person (prefer to get up and go to bed early).

( ) I am a “night” person (prefer to get up and go to bed late).

( ) I do ( ) I do not need silence to study.

( ) I would ( ) I would not mind if my roommate had occasional overnight guests.

Preferred roommate (if any) _____

Please indicate any special needs or requirements _____

_____

_____

_____

_____

I certify that I personally have completed this application and that the information I am providing is complete and accurate.

Signature of Applicant _____ Date _____

SPECIAL CONDITIONS

Please inform us of any physical or mental health conditions TWC should be aware of in order for you to fully participate in our programs. Please identify any special medication you are taking. Use a separte sheet if necessary.

The Washington Center actively strives for equal access to its programs for all regardless of race, religion, national origin, gender, sexual orientation, age, physical challenge or veteran status. All Washington Center programs attempt to include a diversity of students in order to enhance the educational experience for all participants.