



GIP Internship Application Form

Which GIP internship are you applying for? Peer-Educator Policy/Organizing

General information

Date: _____

First Name: _____ Last name: _____
(Please list name you wish to be called)

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Work: _____ Cell: _____

What is the best way to reach you? Home Work Cell

What is the best time to reach you? _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when calling you there? Yes No

Email: _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when emailing you there? Yes No

Optional - if you are enrolled in training or school:

What school are you currently enrolled in, if any? _____

What is your Major/Concentration? _____

What is your level/year? _____

When will you graduate? _____

Descriptive information

1. How did you hear about the Gender Identity Project?

- Self
- Media, please specify: _____
- Family
- Organization/service provider, please specify: _____
- Friend
- Other, please specify: _____

2. What other organizations have you interned or volunteered for in the past, if any?

3. Please describe the work you did at these organizations (if any).



4. Why do you want to intern at the GIP?
5. In what ways do you hope to remain involved in New York City's trans and gender non-conforming communities and services after your internship?
6. What expectations do you have regarding interning at the GIP?
7. Please list your skills and abilities that you hope to use in your internship.
8. Will this internship be for school credit or part of a program? Yes No
- 8a. If yes, what institution are you affiliated with and what do they require from the GIP? :

- 8b. If yes, please list the contact person for this internship at your school or program? (Please include phone number): _____
9. What languages do you speak? (Include ASL/American Sign Language)
- _____ Native Speaker 2nd Language
- _____ Native Speaker 2nd Language
- _____ Native Speaker 2nd Language
- _____ Native Speaker 2nd Language
10. Specify what times you are available to Intern to the best of your knowledge (Check all that apply):
Please note: Center CARE offices are open on weekdays, Monday through Friday: 10am - 6pm. Group services are typically offered Monday through Thursday evenings, from 6 - 9pm. Community events are typically offered weeknights from 6 – 10pm. Outreach, advocacy and education services may be offered at unusual times, including early morning and late evening hours.
- Mondays Daytime 10am - 6pm Evening after 6pm
- Tuesdays Daytime 10am - 6pm Evening after 6pm
- Wednesdays Daytime 10am - 6pm Evening after 6pm
- Thursdays Daytime 10am - 6pm Evening after 6pm
- Fridays Daytime 10am - 6pm Evening after 6pm
- Saturdays Daytime 10am - 6pm Evening after 6pm
11. How many hours per week can you commit to? (12 to 16 hours per week is required) _____ hours



12. Is there anything else you would like us to know about you?

References

First Reference: Professional Personal

First Name: _____ Last name: _____

Organization (if applicable): _____

Phone: _____ Best time to be reached? _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when calling this reference? Yes No

Email: _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when emailing this reference? Yes No

What is your relationship with this reference? _____

Second Reference: Professional Personal

First Name: _____ Last name: _____

Organization (if applicable): _____

Phone: _____ Best time to be reached? _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when calling this reference? Yes No

Email: _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when emailing this reference? Yes No

What is your relationship with this reference? _____

Submission Checklist

- Completed Internship Application Form
- Your résumé – *optional, please submit if you have one*
- The names and contact information of two references
- Any relevant school or other program material

Submit materials to:

Carrie Davis, MSW
Coordinator, Gender Identity Project
The Lesbian, Gay, Bisexual & Transgender Community Center
208 West 13th Street, New York City 10011
F: (212) 924-2657

Questions

Please contact the GIP Coordinator, Carrie Davis, at 212.620.7310 x273, email: carrie@gaycenter.org, with any questions you might have about any GIP internships or the application process.