



## ALP Host Application for Intern

**HOST ORGANIZATION CONTACT INFORMATION:**

Name of Organization: Cordancia

Name & Position of main contact for Host re: Internships: Pia Liptak, President

Address – Street: 526 Harvard Street City: Rochester State: NY Zip: 14607

Phone Number: (585) 461-0672 E-mail address: pialiptak@aol.com

**HOST ORGANIZATION RESOURCE AND HISTORY:**

Please provide some general information on your organization by referencing a web address (or **attaching a brochure or short description if that is not available**). This information should help ALP and the interns identify your organization’s mission and accomplishments in the community.

Web site address for host organization: www.cordancia.org

Have you worked with an intern before? When? What type of internship?

No

Why do you want to work with an intern now?

We could use the assistance and look forward to input from the intern particularly on social media.

**POSITION DESCRIPTION:**

Please complete and attach an “Internship Job Description” form for each internship.

<u>Position Title</u>	<u>No. of interns desired for this position</u>	<u>Summer</u>	<u>Fall</u>	<u>Spring</u>
1. Marketing Associate Intern	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICATION PROCEDURE:**

Please indicate how you would like to find out about candidates interested in your internship positions (check all that apply)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ALP Application Form | <input checked="" type="checkbox"/> Résumé         | <input type="checkbox"/> Cover Letter     |
| <input type="checkbox"/> Telephone Interview             | <input checked="" type="checkbox"/> Live Interview | <input type="checkbox"/> Writing examples |
| <input type="checkbox"/> Other _____                     |  |   |

Form Completed by: Kathleen Suher Date: 1/13/12

