



BCDA Internship Application

Name (Last, First): _____

Address: _____

Telephone: _____ E-Mail: _____

School/University: _____ Major: _____

Year: Freshman Sophomore Junior Senior Grad. Student

Total # of Hours required for Internship: _____

Internship Semester Desired:

Fall (Sep-Dec)

Spring (Jan-May)

Summer (Jun-Aug)

Proposed Start Date: _____ Proposed End Date: _____

Availability (Check all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Do you have transportation to and from Internship site location: Yes No

Interest(s) and Education Focus: Please describe what experiences, skills, and knowledge you would like to get out of your internship, or preferred division(s) within BCDA where you would like to work.

Intern Position(s) Desired: 1.
2.
3.
4.

Signature: _____

Date: _____

Please complete, attach a resume and send to agkpi_hr@baltimorecountymd.gov or BCDA, Att'n: Internship Opportunities, 611 Central Avenue, Room 303, Towson, MD 21204.