

Application for Angel Coalition Internship

Fax application with your resume to: 0117-095-915-4374 in Moscow
or e-mail to: msolomatova@angelcoalition.org

Date: _____

Name _____

Address _____

City _____

State _____ ZIP _____

Home phone _____

Work phone _____ ok to call here? Yes ___ No ___

E mail: _____

Name of College or
University _____

Your major or concentration _____ Current
degree _____

Are you studying for your Masters ___yes ___no___ For your doctorate ___yes ___no

I am applying for an internship with a focus on:

- Trafficking prevention through public information
- Research on trafficking
- Safehouse Development
- Aid to victims
- Trafficking law
- Other(specify)

Briefly describe your internship goals

What is your time frame for an Angel Coalition internship?

(list from what month to what month) _____

Will this internship be for academic credit ____yes ____no

Site preference: Moscow _____ St. Petersburg _____ other _____

Russian language skills: none __ basic__ intermediate__ fluent____(Russian language skills are not essential for work in Moscow but are required at all other Angel Coalition sites).

What computer programs do you work with _____

Describe your academic experience (most recent first—not a resume, but what you did/learned)

Why would you like to intern with The Angel Coalition in Russia?

Health History

You will be working in a foreign country with poor medical access. We do need to know about your health and any special needs. Because you will be working in a foreign country, with minors, we need a security check to protect the children we/you work with and our organization)

Name of personal
health care professional _____

Address _____

City _____

State _____ ZIP _____

Please contact this person and authorize him/her to verbally release information about your general health status and ability to spend a summer in rural Russia—with medication (we need to know what you need!) if necessary. We will only inquire about your current state of health, ability to work and travel overseas, and current medications. We are NOT asking for anything written or a “transcript” of your medical history.

Security Check

We will call appropriate local, state and federal authorities to ensure that your passport status is valid and that any past/current involvement with the criminal justice system will not adversely affect your service. This is done to protect the members of the Angel Coalition and victims receiving assistance through member organizations. None of this information will be shared with anyone other than staff directly involved in decision-making regarding volunteer recruitment for the Angel Coalition.

Name of local police
department/precinct/station _____

Address _____

City _____

State _____ ZIP _____

Permissions and Release of Liability

I hereby give my permission for the Angel Coalition to call my personal health care provider to receive verbal information about my current health status and medications. I agree to hold harmless, the Angel Coalition, its employees, Board of Directors and regional partners for any and all accidents and injuries that may occur during my volunteer service as an Angel Coalition volunteer in Russia.

Signed _____ Date _____

Print your name _____