

Emma Goldman Clinic  
227 N. Dubuque Street  
Iowa City, Iowa 52245  
319-337-2112

### STUDENT PRACTICUM/INTERNSHIP APPLICATION

Name \_\_\_\_\_ Telephone (day) \_\_\_\_\_  
Address \_\_\_\_\_ (evening) \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

Date of application \_\_\_\_\_  
Have you previously submitted a volunteer OR work application? \_\_\_\_\_  
How did you hear about the us? \_\_\_\_\_

### BACKGROUND

Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Volunteer Activities \_\_\_\_\_  
\_\_\_\_\_

Special Interests \_\_\_\_\_  
\_\_\_\_\_

In which of the following areas do you have experience and/or interest?

	Experience	Interest
Medical/Health skills	_____	_____
Library/Archives	_____	_____
Graphic Skills/Photography	_____	_____
Computers	_____	_____
Fundraising/Development	_____	_____
Writing/Newsletter production	_____	_____
Political Interests	_____	_____
Counseling/Education	_____	_____

What are you most interested in gaining from an internship experience at the clinic? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For most of our direct service positions, we ask for a 1-year time commitment. If this is not possible for you, you are able to participate in a variety of Clinic activities, which require less training and, therefore require a lesser time commitment.

Can you make a one-year time commitment? ☐ YES ☐ NO

Do you have special days, evenings, or times that you are available?

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What course, department or college is your practicum/internship with? \_\_\_\_\_

Is this practicum for the semester or year? (please circle)

How many total hours are required? \_\_\_\_\_ Weekly hours? \_\_\_\_\_

### REFERENCES

Please include three names, their addresses and phone numbers:

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### STATE BRIEFLY

The Emma Goldman Clinic offers a variety of health services and educational programs. We provide abortions. Please share your perspectives on a person's right to a legal abortion.

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### CONFIDENTIALITY

Because of the nature of our work, it is very important that our staff agree to abide by rules of confidentiality. If you agree to do so, please sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest in contributing time and skills to the Clinic. By matching skills, interest and time commitment to the needs of the Clinic, we hope to make your volunteer experience fulfilling. Please return your completed application to [info@emmagoldman.com](mailto:info@emmagoldman.com). We will be in touch about volunteer opportunities.

For office use only:

Application recv'd	_____	Intl	_____
Phone contact	_____	Intl	_____
Interview	_____	Intl	_____
Start Date	_____	Intl	_____